RHODE?		ID Number:
STA	ATE OF RHODE ISLAND AND PROVIDENCE Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-26	FILED 515 JUL 0 7 2008 🚆 🛒
	BUSINESS CORPORATION	By <u>AMF</u> = 3
	APPLICATION FOR CERTIFICATE OF A	
Pursuant to the provisions of Sec orporation hereby applies for a C ne following statement:	tion 7-1.2-1405 of the General Laws of Rhode Isla ertificate of Authority to transact business in the Sta	and, 1956, as amended, the undersigned foreign ate of Rhode Island, and for that purp ose subការ៉ុ
. The name of the corporation is	HHA Services, Inc.	
. It is incorporated under the laws	of Michigan	
The second section is a second	Norte to your in Ohada Island to	
(a) If the name of the corp "incorporated," or "limited	poration in its jurisdiction of incorporation does in ""," or an abbreviation thereof, then list the name o	not contain the word "corporation," "company f the corporation with the addition of one of th
(a) If the name of the corp "incorporated," or "limited above corporate endings is (b) If the corporate name is n	poration in its jurisdiction of incorporation does in ""," or an abbreviation thereof, then list the name o	f the corporation with the addition of one of the
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(a) If the name of the corp "incorporated," or "limited above corporate endings is (b) If the corporate name is n qualify and transact busin application: The date of its incorporation is The address of its principal office 22622 Harper Ave	poration in its jurisdiction of incorporation does in a substitution thereof, then list the name of for use in Rhode Island: not available in Rhode Island, then set forth below the mess in Rhode Island as stated in the "Fictitious Island" and the period of the state or country under the laws of which it is thought. Saint Clair Shores, MI	f the corporation with the addition of one of the efficitious name under which the corporation with the Business Name Statement" to be filed with the efficient of its duration is
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Address
22622 Harper Ave., St. Clair Shores, MI

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Form No. 150 Revised: 12/05

Director

Director Director

Director

of which it is incorporated).

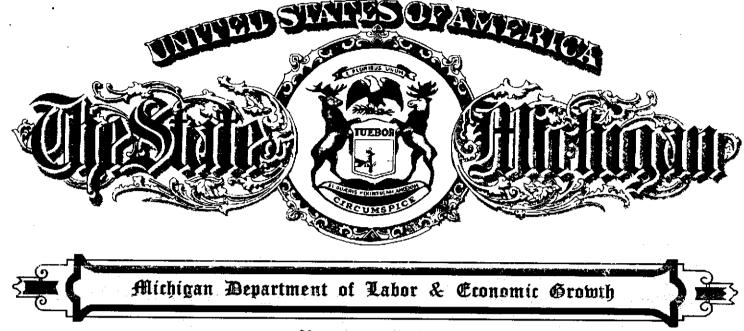
<u>Name</u>

Daniel W. Bowen

Mildred H. Bowen

Paul Fayad

		oldio or obuility	y of which it is incorporated). <u>N</u> ame		Address		
Pre		resident			<u></u>		
		ice President reasurer	···				
		ecretary					
_							
9.	and	e aggregate num I series, if any, w	ber of shares within a class, is:	hich it has authority to	issue, itemized by classes, p	par value of shares, shares without par value,	
		Moranhan as s	2 4			Par Value or Statement that	
		Number of 8	<u>snares</u>	<u>Class</u> Common	<u>Series</u> n/a	Shares are without Par Value \$1.00	
10.	(a)	An estimate of	f the value of	all property to be ow	vned by the corporation for	r the following year, wherever located, is	
		\$ 300,0	00.00	<u> </u>		. ,	
	(b)	An estimate of	the value of	the corporation's prop	erty to be located within F	Rhode Island during the following year is	
	(c)	An estimate, ex- located within the following year, v	iis state during '	the following year bear:	s to the value of all property	alue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage].	
11.	(a)	An estimate of \$ 21,000	the gross am			poration during the following year is	
	(b)	An estimate of Island during the	the gross am e following year	is \$\frac{289,000}{289,000}	e transacted by the corporati	on at or from places of business in Rhode	
		corporation at of	r from places of y the corporatio	percentage, of the pi business in this state n during the following y	during the following year be	nount of business to be transacted by the ars to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain	
12.	This of w	application is ac	companied by a	a certificate of Good St	anding issued by the proper	officer of the state or country under the laws	
13.	Γhis . than	Application for C the 90 th day afte	ertificate of Au er the date of thi	thority shall be effective	e upon filing unless a specifi	ed date is provided which shall be no later	
			·				
					examined this Application	ry, I declare and affirm that I have n for Certificate of Authority, including achments, and that all statements	
					contained herein are true	and correct.	
Date	e: _	June 27,	2008	 .		neu	
						norized Officer of the Corporation	
					Chairman of		
					ype or Print	Name of Authorized Officer	



Lansing, Michigan

This is to Certify That

HHA SERVICES, INC.

a Michigan profit corporation was validly incorporated on May 24, 1974, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 23rd day of June, 2008.

, Director

Bureau of Commercial Services



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

