

Filing Fee: \$150.00

ID Number: 117178



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

PMA CONSULTANTS, L.L.C.

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of MICHIGAN

4. The date of its organization is DECEMBER 19, 1996

5. The period of duration of the limited liability company is (if perpetual, so state) DECEMBER 19, 2026

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Weybosset Street Providence, RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is CT CORPORATION SYSTEM

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

226 WEST LIBERTY STREET, ANN ARBOR, MICHIGAN 48104

9. The mailing address for the limited liability company is:

226 WEST LIBERTY STREET, ANN ARBOR, MICHIGAN 48104

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10. The limited liability company is to be managed by:

(Check one box only)

☒ its members *or* ☐ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

Manager

Address


12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

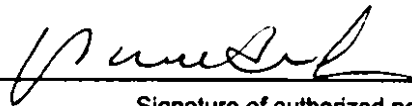
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 2/22/01

PMA CONSULTANTS LLC

Print Exact Name of Limited Liability Company Making Application

By



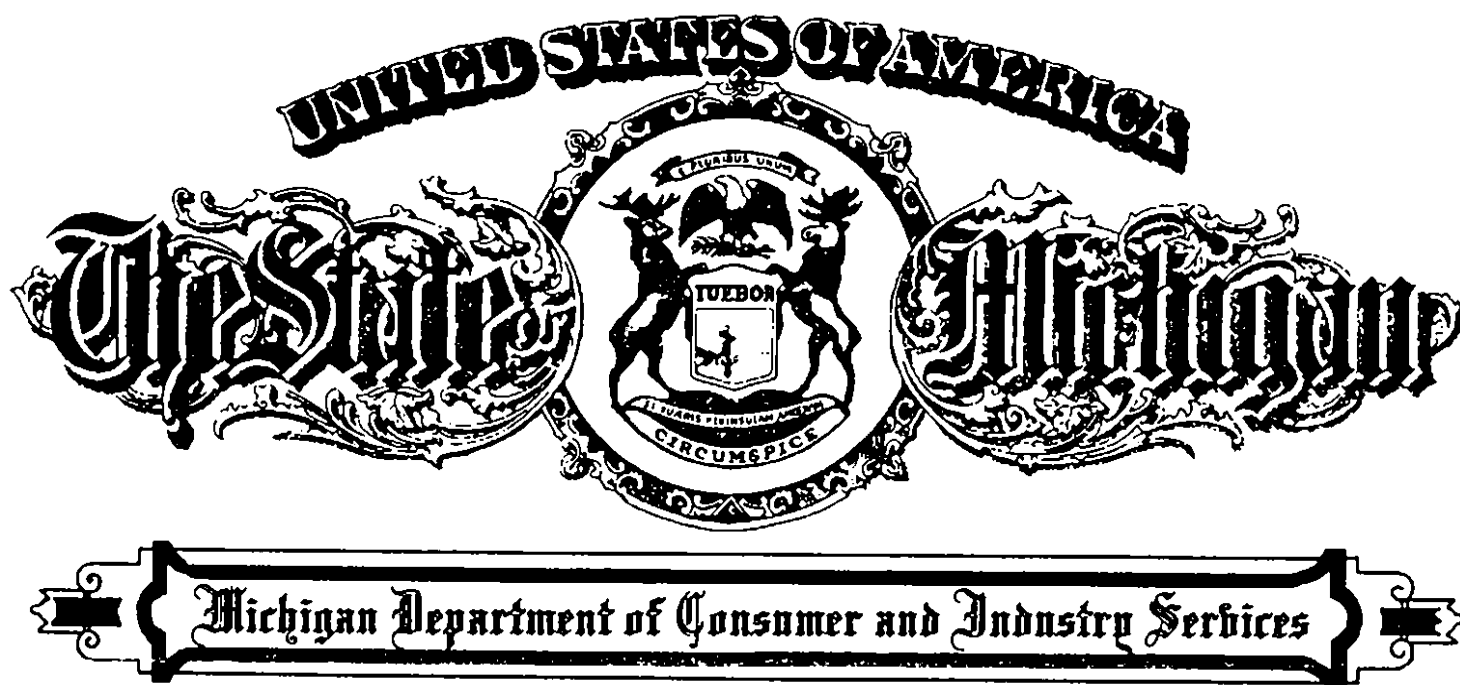
Signature of authorized person

Gui Ponce de Leon  
Member

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Lansing, Michigan

*This is to Certify That*

**PMA CONSULTANTS, L.L.C.**

*a Michigan limited liability company, was formed on December 19, 1996.*

*I FURTHER CERTIFY that a Certificate of Dissolution has not been filed and the Articles of Organization are in full force and effect as of this date.*

*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 February, 2001*

*Andrew S. Hittell*, Director

Bureau of Commercial Services