

CSC/LCD-800 (10/17)



AC5

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION

## APPLICATION TO REGISTER A LIMITED LIABILITY PARTNERSHIP

This application shall be open to inspection by the public

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership

1. The name and principal office address of the partnership is:

WCWMI, LLP  
33423 Woodward Avenue  
Birmingham, MI 48009

Note: the name must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P.", or "LLP" at the end of the name.

2. A brief statement of the business of the partnership:

*This business will engage in the ground transportation of goods*

### 3. TO BE COMPLETED BY FOREIGN LIMITED LIABILITY PARTNERSHIPS ONLY

- a. Home state of partnership if located outside Michigan: \_\_\_\_\_
- b. Name of registered agent to receive service of process in Michigan: \_\_\_\_\_
- c. Address of the registered office in Michigan:  
 \_\_\_\_\_, Michigan \_\_\_\_\_  
(Street Address) (City) (ZIP Code)

4. Federal Employer Identification Number if available:

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5. AUTHORIZING SIGNATURES. This application has been executed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners. If there are more than two signatures, use additional pages and attach to this application.

Social Security Number (optional)

*Imethy L. Hall*  
Signature

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*Robert J. [Signature]*  
Signature

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Date Received  
**AUG 29 2018**  
AUG 30 2018

FOR BUREAU USE ONLY  
**FILED**

**AUG 31 2018**

TranInfo:5 23116451-1 08/09/18  
Chk#: 2535 Amt: \$100.00  
ID: WCWMI LLP

ADMINISTRATOR  
CORPORATIONS DIVISION

This registration expires one year from the "filed" date.

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