



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

FBE

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : profit corporation (KRS 271B). nonprofit corporation (KRS 273). professional service corporation (KRS 274).
 business trust (KRS 386). limited liability company (KRS 275). professional limited liability company (KRS 275).
 limited partnership (KRS 362).

2. The name of the entity is Caidan Management Company, LLC
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Michigan

5. The date of organization is 12/23/2008 and the period of duration is _____
(If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is
777 Woodward Avenue, Suite 600 Detroit MI 48226
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 West Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

See Attached

Name	Street or P.O. Box	City	State	Zip Code

Name	Street or P.O. Box	City	State	Zip Code

Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:

12. This application will be effective upon filing, unless a delayed effective date and/or time is provided.
The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

[Signature] Sean P. Cotton, Secretary 2/27/2013
Signature of Authorized Representative Printed Name & Title Date

I, _____, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent Angel Shearer
Angel Shearer Assistant Secretary 2/15/13
Signature of Registered Agent Printed Name Title Date



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Statement of Consent of Registered Agent
 (Domestic or Foreign Business Entity)

CRA

Pursuant to the provisions of KRS 14A and KRS Chapter 271B, 273, 274, 275, 362 or 386, the undersigned applicant consents to act as registered agent on behalf of the business entity named below and, for that purpose, submits the following statements:

1. The business entity is
- a corporation (KRS 271B, KRS 273 or KRS 274)
 - a limited liability company (KRS 275)
 - a limited partnership (KRS 362)
 - a limited liability partnership (KRS 362)
 - a business trust (KRS 386)

2. The name of the business entity is Caidan Management Company, LLC

3. The state or country of incorporation, organization or formation is Michigan

4. The name of the initial registered agent is C T Corporation System

5. The street address of the registered office address in Kentucky is:

306 West Main Street, Suite 512 Frankfort KY 40601

Street Address (No Post Office Box Numbers) City State Zip Code

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
 (Delayed effective date and/or time)

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Angel Shearer
 Signature of Registered Agent

Angel Shearer
Assistant Secretary
 Printed Name

Title