

From:

07/07/2006 12:06 #006 P 001/004

Division of Corporations

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*AD6000000850*

Florida Department of State  
Division of Corporations  
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(((H06000174589 3)))

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800)221-0102  
Fax Number : (212)564-6083

RECEIVED  
06 JUL -7 PM 1:04  
DIVISION OF CORPORATION

**FLORIDA/FOREIGN LP/LLP**

**BlueLinx Florida LP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*AD6-850*  
*OR*

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**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. BlueLinx Florida LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 4300 Wildwood Parkway

(Street address of initial designated office)

Atlanta, Georgia 30339

3. National Corporate Research, Ltd.

(Name of Registered Agent for Service of Process)

4. 515 E. Park Ave

(Florida street address for Registered Agent)

Tallahassee, FL 32301

5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

National Corporate Research, Ltd.

by: Kelley D. Smith, Asst. Secretary  
(Signature of Registered Agent)

6. same as above

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box

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From:

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8. Name and business address of each general partner:

Name:

Business Address:

BlueLinx Florida Holding , No. 2 Inc.

4300 Wildwood Parkway

Atlanta, Georgia 30339

*fol-4600*

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9. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*

Signed this 7th day of July, 2006

Signature of each general partner:

BlueLinx Florida Holding No 2 Inc.

By: \_\_\_\_\_

Name: Barbara V. Tinsley

Title: Secretary

Filing Fees: **\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)  
Certified Copy (optional): **\$52.50**  
Certificate of Status (optional): **\$8.75**

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From:

07/07/2006 12:08 #006 P.004/004

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To: Office of Secretary of State of Florida

**CONSENT TO USE OF NAME**

BlueLinx Corporation, a Georgia corporation qualified to transact business in Florida, does hereby consent to the use of the name "BlueLinx Florida LP."

Date: July 7, 2006

BLUELINX CORPORATION

By:   
Name: Barbara V. Tinsley  
Title: Secretary

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