

F02 000003083

CORPORATION(S) NAME

Designs LPI Corp.

FILED
02 JUN 18 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
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6/18/02

Order#: 5391110

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Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

6/18
not

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Designs LPI Corp.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 04-3660615

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/09/2002 5. Perpetual

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 05/15/2002

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 555 Turnpike Street, Canton, MA 02021

(Principal office address)

same

(Current mailing address)

8. any and/or all lawful business

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

C T Corporation System

BY: Carrie Bague

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: David A. Levin

Address: 555 Turnpike Street
Canton, MA 02021

Director: Dennis R. Hernreich

Address: 555 Turnpike Street
Canton, MA 02021

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B. OFFICERS

SEE ATTACHMENT

President: David A. Levin

Address: 555 Turnpike Street
Canton, MA 02021

Vice President: Dennis R. Hernreich

Address: 555 Turnpike Street
Canton, MA 02021

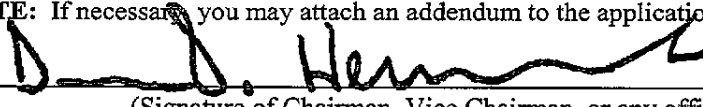
Secretary: Dennis R. Hernreich

Address: 555 Turnpike Street Canton, MA 02021

Treasurer: Dennis R. Hernreich

Address: 555 Turnpike Street Canton, MA 02021

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dennis R. Hernreich, Secretary
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida

Officers & Directors

1. Full Name: David A. Levin
Officer/Director: Officer, Director
Officer's Title: President and Chief Executive Officer
Director's Title: Other Director
Business Address: 555 Turnpike Street
City: Canton
State: MA
ZIP Code: 02021

2. Full Name: Dennis R. Hernreich
Officer/Director: Officer, Director
Officer's Title: Vice President, Chief Financial Officer,
Treasurer and Secretary
Director's Title: Other Director
Business Address: 555 Turnpike Street
City: Canton
State: MA
ZIP Code: 02021

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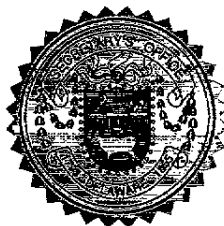
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DESIGNS LPI CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3523744 8300

020381634

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1829438

DATE: 06-13-02