To: Qualification/Tax Lien Section Division of Corporations

	Corporations		· <u>-</u>	7
SUBJECT: _Nivel	Parts & Manufacturing	Co.	en op oper	-
	(Name of corpo	ration - must include suffir	()	·
Dear Sir or Madam:			-	
The enclosed "Application of Exister transact business in F	eation by Foreign Corporation nce", and check are submitted lorida.	for Authorization to Trans to register the above refere	act Business in Fl	oridaz oration to
Please return all corre	spondence concerning this ma	atter to the following:	ان 17 - ا	RET
	Nicolle	A. O'Tyson	= 5	PH 4: 3
	(Nam	e of Person)		
	Sutherland, A	sbill & Brennan LLP		
	(Firm	/Company)		موند . ۰
	999 Peacht	ree Street, NE	-	
	Atlanta, Ge	eorgia 30342	 = -	
Should you need to cal	(City,	_	0000275 -03/09/99- *****87.5	010620
Nicolle A. O'Tys	son at (402) 853-8290		
(Name of Per	son) (A	rea Code & Daytime Telep	hone Number)	
STREET ADDRESS:		MAILING ADDRES	s:	
Qualification/Tax Lien Division of Corporation 109 E. Gaines St. Fallahassee, FL 32399	ıs	Qualification/Tax Lier Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns =	
Enclosed is a check for	the following amount:		<u>·</u>	
□ \$70.00 Filing Fee	—	☐ \$78.75 Filing Fee & Certified Copy	State of Services Certificate of Certified Co.	f Status &

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.

	ts & Manufacturing Co.		-	-					 -
words or abbr	poration; must include the word 'eviations of like import in langua to or partnership if not so containe	ige as will cl	early ind	icate that	NY", "COI it is a corpo	RPORAT	TON" or stead of a	l	
2. Delaware			3.	N/A					
(State or count	ry under the law of which it is in	corporated)	٠		(FEI num	ber, if ap	plicable)		
4. <u>Decemb</u> er	8, 1998	5.		Perpei	ual	=			
(D	ate of incorporation)		(Duration		orp. will cea	se to exi	st or "per		
6. January 1	, 1999						Į ŽĽ	991	
(Date fir	st transacted business in Florida.) (SEE SECT	TIONS 60	7.1501, 6	07.1502 an	d 817.15	5, F.S.	R	71
7. <u>13300 Van</u>	tage Way						- 5	و ا	
Jacksonvi	lle, Florida 32218			_		-	i m	PH PH	
•		ent mailing a	iddress)	···	7			U +-	
							760	25. 3	-
8. To engage	in any lawful act or a	activity	for wh	ich cor	poration	ns may	be org	anized	<u>. </u>
	e(s) of corporation authorized in						ŕ		
9. Name and st	reet address of Florida regist	tered agent	: (P.O.	Box or M	lail Drop E	ox <u>NO</u>	raccepta	able)	
Name:	_CT Corporation Syste	ım	· .			. =			
Office Address:					-				
Office Address:	1200 S. Pine Island	Road			·	200 S	-		
office Address.	1200 S. Pine Island Plantation	Road		Florida,	33324		= · · · · · · · · · · · · · · · · · · ·		
omce Address.	***	Road		Florida,	33324 (Zip code				 - 1
	Plantation	Road		Florid <u>a,</u>					
0. Registered a	Plantation agent's acceptance:		<i>,</i>		(Zip code	,			
0. Registered a	Plantation agent's acceptance: ed as registered agent and to acc	cept service (of proces	s for the o	(Zip code	Comora	tion at th	e place de	esignatea
0. Registered a Having been name in this application comply with the p	Plantation agent's acceptance: ed as registered agent and to accept, I hereby accept the appointment of all statutes relative to	cept service o nt as register to the proper	of process	s for the a	(Zip code	Corpora	city I for	ribon acou	a to
0. Registered a Having been name in this application comply with the p	Plantation agent's acceptance: ed as registered agent and to accept the appointment of the appointment of the appointment of the acceptance of the acce	cept service o nt as register to the proper	of process	s for the a	(Zip code	Corpora	city I for	ribon acou	a to
0. Registered a Having been name in this application comply with the p	Plantation agent's acceptance: ed as registered agent and to accept, I hereby accept the appointment of all statutes relative to	cept service o nt as register to the proper	of process	s for the a	(Zip code	Corpora	city I for	ribon acou	a to
0. Registered a Having been name in this application comply with the p	Plantation agent's acceptance: ed as registered agent and to accept the appointment of all statutes relative to the statutes of my position as registed.	cept service on as register to the proper ered agent.	of process red agent and com	s for the a and agre plete per	(Zip code	Corpora	city I for	ribon acou	a to

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) William S. Karol Chairman: 13300 Vantage Way Address: Jacksonville, Florida 32218 Vioxx@hainnan: Patrick A. McGrogan Director 13300 Vantage Way Address: Jacksonville, Florida 32218 Director: William J. Leaver 13300 Vantage Way Address: Jacksonville, Florida 32218 James H. Peden Director: 13300 Vantage Way Address: Jacksonville, Florida 32218 B. OFFICERS (Street address only - P.O. Box NOT acceptable) Patrick A. McGrogan President: 13300 Vantage Way Address: Jacksonville, Florida 32218 Vice President: William J. Leaver 13300 Vantage Way Address: Jacksonville, Florida 32218 William J. Leaver Secretary: _ 13300 Vantage Way Address: Jacksonville, Florida 32218 James H. Peden Treasurer: 13300 Vantage Way Jacksonville, Florida 32218 Journay attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Patrick A. McGrogan, President

State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIVEL PARTS & MANUFACTURING CO." 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 THIRD DAY OF FEBRUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE

BEEN FILED TO DATE

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

HAVE BEEN PAID TO DATE

AND INDEPTNO.



Edward J. Freel, Secretary of State

AUTHENTICATION:

_ DATE:

9555637

02-03-99

2967076 8300

991042672