####125.00

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	 , , , , ,
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of St	atus
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	FILED OI MAR 23 PM 5: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CR2E031(7/97)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability exist or "perpetual") transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as f ord Road arlotte, North Carolina 28211 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havilgofuntcords in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in antinoism 1 translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: internet based exchan

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are)true

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

	Materials Xpress, LLC	
2. ′	The name and the Florida street address of the registered agent and office are:	
	CT Cosposation System	
	Florida street address (P.O. Box NOT ACCEPTABLE)	!
	Plantation FL 3332	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MATERIALSXPRESS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MARCH, A.D. 2001.

Harriet Smith Windsor, Secretary of State

DATE: 03-12-01

AUTHENTICATION: 1015917

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