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SECRUTARY OF STATE
IALLAHASSEE, FLORIDA

DIVISION OF CARRATION

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	ACCOUNT NO. : 07210000032	
	REFERENCE: 867680 5034981	
	AUTHORIZATION: ducia legica	
	COST LIMIT : \$ 125.00	
 -	ORDER DATE: December 20, 2002	
	ORDER TIME: 10:28 AM	
	ORDER NO. : 867680-760	
	CUSTOMER NO: 5034981	
-	CUSTOMER: Ms. Lisette Luaces Watsco, Inc. Suite 901 2665 South Bayshore Drive Coconut Grove, FL 33133	L.
	FOREIGN FILINGS	
	NAME: COASTLINE DISTRIBUTION LLC	03 JAN 24 SECRETARY TALL ATTASS
	XXXX QUALIFICATION (TYPE: LL)	A PHIZ:
	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	AND ASS
· · · · · · · · · · · · · · · · · · ·	CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

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:

1. COASTLINE DISTRIBUTION LLC (Name of foreign limited liability company)	6
• • • •	
2. DE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. 11-9-92 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
exist or "hemenial")	
6. Upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
(Date first transacted business in Fforda. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 2665 S BAYSHORE DR, SUITE 901, COCONUT GROVE, FL 33133	-
(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 follows:	
BARRY LOGAN 2665 S BAYSHORE DR, SUITE 901, COCONUT GROVE, FL 33133	
구 는 호	
ANA M. MENENDEZ 2665 S BAYSHORE DR, SUITE 901, COCONUT GROVE, FL 33133	
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in	š
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	•
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:	
DISTRIBUTION OF HVAC PARTS AND SUPPLIES	
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.)	
Barry S. Loan	
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, FLÓRIDA 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:			
2.	The name and the Florida street address of the registered agent and office are:			
	Corporation Service Company (Name)	SECRE.	03 JAN 24	٠.
	1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)	ASSEE, FI	24 PH 12:	PAND
	Tallahassee FL 32301 (City/State/Zip)	STAFE	2: 55	

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.

Octoral N. Skipper Deborah D. Skipper Asst. V. Pres.

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

Delaware

PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COASTLINE DISTRIBUTION 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTLINE DISTRIBUTION LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



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Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2219979

030046827 DATE: 01-23-03