06-04-2003 02:18pm From-Greenberg Trauric T-430 -0001/004 F-658

Florida Department of State

Division of Corporations Public Access System

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(((H03000207494 3)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number : 075201001473 Phone : (561)650-7900 Fax Number : (561)655-6222 OF SIATE PM 2:

FOREIGN LIMITED LIABILITY COMPANY

FLOORING HQ, LLC

| Certificate of Status | 0_ |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

D W Q

06-04-2003 02:18pm From-GREENBERG TRAURIG

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

IN COMPLIANCE WITH SECTION BOR503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTER A POREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 FLOORING HQ, LLC | Martin Co. a Line Co. a. | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| | firmited liability company) | - |
| 2. Delaware | 3 "applied for" (FEI number, if applicable) | _ |
| (Jurisdiction under the law of which foreign limited liability company is organized) | (ret fumber, it applicable) | |
| 4. May 19, 2003 (Date of Organization) | 5. May 19, 2033 (Duration: Year limited liability company will cease to | - |
| 6. June 2, 2003 | exist or "perperual") | |
| (Date first transacted business in Florida. (So | ce sections 608.501, 608.502, and 817.155, F.S.) | - |
| 7. 2255 Crescent Drive, Mt. Dora, FL 32757 | | _ |
| | | _ |
| (Street addres | ss of principal office) | |
| 8. If limited liability company is a manager-managed | d company, check here | |
| 9. The name and usual business addresses of the ma- | naging members or managers are as follows: | |
| TGA Holding Company, Managing Member | ſ | |
| 2255 Crescent Drive, Mt. Dora, FL 32757 | 2n | |
| | SEC. | සි |
| | AR HA | |
| | | ± ==================================== |
| 10. Attached is an original certificate of existence, no more than 9 | X) days old, duly authenticated by the official having custody of re | confisin The |
| | otocopy is not acceptable. If the certificate is in a foreign large tags | 3.8− |
| pansiation of the certificate under oath of the translator must be | DE SANTIMENT) | Ä |
| 11. Nature of business or purposes to be conducted of | or promoted in Florida: to conduct any lawful | • |
| business whatsoever that may be conducted | by limited liability companies. | _ |
| | + | _ |
| in accordance with section 608.408(3), | authorized representative of a member. F.S., the execution of this document consutates aginy that the facts stated terms are true.) | |
| James W. Traweek | | |
| Typed or printe | ed name of signee | |

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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 | v Company is: |
|-------------|--------------------------|-----------------------------------------------|
| FLOORING | | , |
| 2. The name | and the Florida street a | ddress of the registered agent and office are |
| | James W. Trawe | pek |
| | | (Name) |
| | 2255 Crescent D | lrive |
| | Florida s | reet address (P.O. Box <u>NOT</u> ACCEPTABLE) |
| | Mt. Dora | FI. 32757 |

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 poslion as registered agent as provided for in Chapter 608, F.S.

(City/State/Zip)

(Signature)

\$ 100.00

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00

Certified Copy (optional)

5.00

Certificate of Status (optional)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FLOORING HQ, 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 SECOND DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOORING HQ, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2003.

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



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2447620

DATE: 06-02-03

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