

OCT-14-2003(TUE) 11:58

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I200000000088  
Phone : (800) 221-0102  
Fax Number : (212) 564-6083

**FOREIGN LIMITED LIABILITY COMPANY**

**Hillsdale Furniture LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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DIVISION OF  
CORPORATIONS

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**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. Hillsdale Furniture LLC  
(Name of foreign limited liability company)
2. Delaware 3. 20-0235285  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 09/17/2003 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Filing of Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3901 Bishop Lane  
Louisville KY 30218  
(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:

Please see attached schedule

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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:

manufacturing of furniture

Calvin Neider  
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.)

Calvin Neider, Vice President

Typed or printed name of signee

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SCHEDULE TO APPLICATION FOR AUTHORITY IN FLORIDA

9.

Calvin Neider c/o Clearview Capital LLC 3 West End Avenue, Old Greenwich, CT  
06870

James G. Andersen c/o Clearview Capital LLC 3 West End Avenue, Old Greenwich, CT  
06870

Harold Doolittle c/o Clearview Capital LLC 3 West End Avenue, Old Greenwich, CT  
06870

William Case c/o Clearview Capital LLC 3 West End Avenue, Old Greenwich, CT  
06870

Philip Fitting c/o Brookside Pecks Capital Partners, L.P. 80 Field Point Road, Greenwich,  
CT 06830

Randy Fortener, c/o Crane Group Inc. , 2141 Fairwood Avenue, Columbus, OH 43207.

Uri Glattstein, c/o Hillsdale Furniture LLC, 3901 Bishop Lane, Louisville, KY 40218.

E. John Elting, c/o Hillsdale Furniture LLC, 3901 Bishop Lane, Louisville, KY 40218.

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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 Company is:

**Hillsdale Furniture LLC**

2. The name and the Florida street address of the registered agent and office are:

**National Corporate Research, Ltd., Inc.**

(Name)

**103 N. Meridian Street**

Florida street address (P.O. Box **NOT** ACCEPTABLE)

**Tallahassee**

**FL**

**32301**

(City/State/Zip)

*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)

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*Delaware*

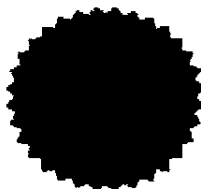
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HILLSDALE FURNITURE 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 FOURTEENTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HILLSDALE FURNITURE LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2003.

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



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3704880 8300

AUTHENTICATION: 2687034

030657683

DATE: 10-14-03

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