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### FOREIGN LIMITED LIABILITY COMPANY

#### AGGREGATE CONCEPTS, LLC

Certificate of Status	0
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DIVISION OF CORPORATION



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State .

February 2, 2004

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: AGGREGATE CONCEPTS, LLC

REF: W04000004488

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist FAX Aud. #: H04000023076 Letter Number: 904A00006878

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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.	Aggregate Con	cepts, LLC				
		(Name of foreign	lim	ited liability company)		
2.	Delaware		3.	20-0654052		
•		law of which foreign limited liability any is organized)		( FEI number, if applicable)		
4.	January 9, 20	004	5.	Perpetual		
	(Date of	Organization)		(Duration: Year limited liability company will contain exist or "perpetual")	ase to	
6.	January`29,	2004 .				
	(Date f	irst transacted business in Florida. (Se	e se	ctions 608.501, 608.502, and 817.155, F.S.)		
7.	_John_Stiglme:	ier. Jr.				
	230 El Pueblo	Way, Palm Beach, Flori	đa	33480		
		(Street addres	s of	principal office)	300	9
8.	If limited liability	company is a manager-manage	đ co	mpany, check here		FTR
,				<del>-</del>		ಾರ
9.	The name and usua	al business addresses of the ma	nag	ing members or managers are as follows:		خلا
		,				<u>.5</u>
						(3)
	John Stiglmei	ler, Jr. 230 El Pueblo RM)	Wa	ay, Palm Beach, FL 33480		. ယု
(MGRH)						
		<u> </u>				
10	custody of records:	in the jurisdiction under the law o	of w	n 90 days old, duly authenticated by the official hich it is organized. (A photocopy is not accertificate under oath of the translator must be	eptable.	If ited.)
11.		s or purposes to be conducted o				•
	Aggregate Max	nufacturing Business			rindrand mysenyme, megennyme, e	
		<u> </u>				
		Kill AC				
		Signature of a member or an a	utho	rized representative of a member.		
		(In accordance with section 608.408(3), an affirmation under the penalties of per-		the execution of this document constitutes that the facts stated herein are true.)		
		Richard A. Langer	~J	and the state of t		

Typed or printed name of signce

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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

STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.						
1. The name of the Limited Liability Company is:						
Aggregate Concepts, 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	EB-3-1					
(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.

a nusi

\$ 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

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGGREGATE CONCEPTS, 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-NINTH DAY OF JANUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGGREGATE CONCEPTS, LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2004.

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

3750901 8300

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AUTHENTICATION: 2898587

DATE: 01-29-04

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