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(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
(Busir	ess Entity Nar	me)
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	

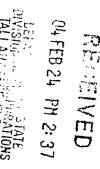




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02/25/04--01002--004 **125.00







CT CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 3230 February 24, 2004
Tel. 850 222 1092
Fax 850 222 7615

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399 OF FILED ON 5-70
FILED ON 5-70
FILED ON 5-70
FILED ON 5-70

Re:

Order #: 6042553 SO

Customer Reference 1:

Customer Reference 2: 214 880-3511

Dear Secretary of State, Florida:

Please file the attached:

Builders FirstSource-Atlantic Group, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

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

Builders FirstSource - Atlantic Group, LLC			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(Name o	f foreign limit	ed liability company)	10 x 10
Delaware		52-2080519	7
urisdiction under the law of which foreign limited company is organized)	Iiability	(FEI number, if applicable)
12/31/2003	5 ^F	Perpetual	
(Date of Organization)		Perpetual (Duration: Year limited liability comparexist or "perpetual")	ny will cease to
01/01/2004			
(Date first transacted business in Flo	orida. (See sec	tions 608.501, 608.502, and 817.155, F.S	S.)
5330 Spectrum Drive, Suite L, Frederick, MD 217	703		
1000	et address of	rincipal office)	
f limited liability company is a manager-r			
	Ü	mpuny, entent note []	
The name and usual business addresses of	•		llows:
The name and usual business addresses of	•		llows:
The name and usual business addresses of	•		llows:
	the managir	ng members or managers are as fo	llows:
The name and usual business addresses of Brett N. Milgrim, 450 Lexington Ave., Suite 335	the managir	ng members or managers are as fo	llows:
	the managir	ng members or managers are as fo	llows:
Brett N. Milgrim, 450 Lexington Ave., Suite 3350, Ramsey Frank, 450 Lexington Ave., Suite 3350,	the managir 0, New York, 1 New York, NY	ng members or managers are as fo	llows:
Brett N. Milgrim, 450 Lexington Ave., Suite 3350	the managir 0, New York, 1 New York, NY	ng members or managers are as fo	llows:
Brett N. Milgrim, 450 Lexington Ave., Suite 3350, Ramsey Frank, 450 Lexington Ave., Suite 3350, Floyd Sherman, 2001 Bryan Street, Suite 1600, D. S. F. A. T. A. W. M. J. T. T. W. J. T. A. W. M. J. T.	the managir 0, New York, I New York, NY Dallas, TX 7520	ng members or managers are as foo	
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Typed or printed name of signee

an affirmation under the penalties of perjury that the facts stated herein are true.)

Floyd Sherman

Name:

Street:

City, State, Zip Code

Paul S. Levy

450 Lexington Avenue, Suite 3350 New York, NY 10017

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.

Builders FirstSc				
5414015 1 115100	urce - Atlantic Group, I	LC	7.5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	31
2. The name	and the Florida stree	et address o	f the registered agent and office are:	
	C T Corporation Sy	stem	and the second of the second o	
			(Name)	
	c/o C T Corporation	System, 120	0 South Pine Island Road	a de la companya del companya de la companya del companya de la co
	Flori	da street addr	ess (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Plantation		FL. 33324	₩₩ ₩
		(Ci	ty/State/Zip)	
liability comp registered ago statutes relati	any at the place designt and agree to act and the proper and ligations of my position System	gnated in th in this capa complete p	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.	
liability comp registered ago statutes relati accept the ob-	any at the place designt and agree to act and gree to act and groper and igations of my positi	gnated in th in this capa complete p	nis certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and	

Jelaware

The First Slate

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUILDERS FIRSTSOURCE - ATLANTIC GROUP, 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-FOURTH DAY OF FEBRUARY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2948616

DATE: 02-24-04

2824544 8300

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