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

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	THE STATE OF SOLETIES	מות מינות מינות מינות מינות מינות	OLLOWING IS SUBMITTED TO R		TY DEVEN
	THE SECTION BUSING, FLOI COMPANY TO TRANSACT BU			EGISTER A	FOREIGN
lB	UMPERSTATEMEN (Nar	JS. COM. LL	_C		
•	(Nar	me of foreign limited liab	oility company)		
Non Ha	Cambrie	2	56-220000		
(Jurisdiction under	the law of which foreign lim	ited liability	56-2200654 (FEI number, if applicable)		
(company is organized)	•	,		
T	12 2000	5	Partial		
. <u>Ounc</u> (Di	ite of Organization)	J. (Dura	Parpe Fue I	will cease to	 D
			exist or "perpetual")		
: W	lay 15 2004		08.501, 608.502, and 817.155, F.S.		
` <u>(C</u>	ate first transacted business in	n Florida. (See sections 6	08.501, 608.502, and 817.155, F.S.)	
	. Δ				
	4613 Pecos Ct				
,	T. 1 11 CI	21200			
	lacksonville, PL	Street address of princip	al office)		
	• (officer address of princip	ar office,		
. If limited liabi	lity company is a manage	er-managed compan	v. check here		
	y <u>y</u> y -		,, encon nero <u> </u>	. 0	•
. The name and	usual business addresses	s of the managing me	embers or managers are as foll	ows:	
				ows: Jul	***************************************
	John A.	Serb		1	To this a
					Name of the last o
	Cathy S.	Serb		PH 3: 2	-
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	4613 Heco.	<u>i</u> CF	A	N	
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	JackSonvil	11e, PL 322	159		
Attached is an ori	ginal certificate of existence, no	o more than 90 days old, o	luly authenticated by the official havir	ng custody of	records in
-	-		ot acceptable. If the certificate is in a fo	oreign langua	ige, a
translation of the	certificate under oath of the trai	nslator must be submitted	.)		
1 37 . 01			/ ./		
	siness or purposes to be o	conducted or promot	ed in Florida: <u>(us to m</u>		_
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1	nper stickers	2/// 5			
1	'	The Clos			
1	Signature of a mem	aber or an authorized	representative of a member.		
1	Signature of a mem	aber or an authorized on 608.408(3), F.S., the exe	representative of a member. cution of this document constitutes facts stated herein are true.)		
1	Signature of a mem	aber or an authorized on 608.408(3), F.S., the exe	cution of this document constitutes		
 Nature of bus 	• •	-		_	_ -

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:
Bumpans TATEMENTS, com, LLC
2. The name and the Florida street address of the registered agent and office are:
John A Sarb (Name)
4613 Recas Court
Florida street address (P.O. Box NOT ACCEPTABLE)
TacksonvilleFL 32259 (City/State/Zip)
(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)



CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BUMPERSTATEMENTS.COM, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 12th day of June, 2000, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of May, 2004.

6 laine I. Marshall

Secretary of State

Certification Number: 8726890-1 Page: 1 of 1 Ref.# 6001177-JE Verify this certificate online at www.secretary.state.nc.us/Verification.