MO400000 4455

| (Requestor's Name) |
|---|
| (Address) |
| (nadioss) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |

Office Use Only

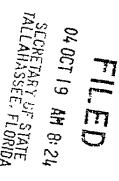


300041474403

10/20/04--01004--008 **125.00

NOTIVED AND AD ROISIALD

04 OCT 19 PH 4: 43



CT CORPORATION

October 19, 2004

Department of State, Florida 409 East Gaines Street Tallahassee FL 32399 ON DOT 19 AM 8: 24
TALLAMASSEE, FLORIDA

Re:

Order #: 6215437 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

TGM Enterprises, L.L.C. (MO) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 File First

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

| COLLE TONESCE DISTRIBUTE TO | L.C. | | | 40 |
|---|--|--|---|-----------------------|
| | (Name of Foreig | gn Limited Liab | ility Company) | 64. |
| Missouri | | 3 | 02-0664071 | B.C. |
| urisdiction under the time of the transfer of | he law of which foreign limited) | ed liability | (FEI number, if applica | ble) |
| January 30, 2004 | | 5. I | Perpetual | 2. |
| (Date | of Organization) | | (Duration: Year limited liability comexist or "perpetual") | oany will cease to |
| Upon qualification | | | | |
| | (See sections 608.501 & c | siness in Florida 508.502 F.S. to | a, if prior to registration.) determine penalty liability) | |
| 2151 January Aven | ue, St. Louis, MO 63110 | | | |
| | | | | |
| ···· | 781 | not Address of I | Principal Office) | |
| | (Du | cat Addition of 1 | interpar Office) | |
| If limited liabilit | ty company is a manager | -managed co | mpany, check here x | |
| The name and us | sual business addresses o | of the managin | ng members or managers are as | follows: |
| | | | | |
| Thomas P. Long, 2 | 2151 January Avenue, St. Lou | is, MO 63110 | | |
| | | | | |
| | | | | |
| | and the second s | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| Attached is an origin | al certificate of existence, no m | nore than 90 days | old, duty authenticated by the official h | aving custody of reco |
| | | | old, duly authenticated by the official h | |
| jurisdiction under the | | (A photocopy is: | not acceptable. If the certificate is in a f | |
| jurisdiction under the slation of the certific | e law of which it is organized. (ate under oath of the translator) | (A photocopy is: must be submitte | not acceptable. If the certificate is in a feed.) | breign language, a |
| jurisdiction under the Islation of the certific | e law of which it is organized. (ate under oath of the translator) | (A photocopy is: must be submitte | not acceptable. If the certificate is in a f | breign language, a |
| jurisdiction under the salation of the certific . Nature of busin | e law of which it is organized. (ate under oath of the translator) | (A photocopy is: must be submitte | not acceptable. If the certificate is in a feed.) | breign language, a |
| jurisdiction under the salation of the certific Nature of busin | e law of which it is organized. (ate under oath of the translator of the translator of the translator of the translator.) | (A photocopy is: must be submitte nducted or pr | not acceptable. If the certificate is in a feed.) | breign language, a |
| jurisdiction under the estation of the certific | e law of which it is organized. (ate under oath of the translator) | (A photocopy is: must be submitte nducted or pr | not acceptable. If the certificate is in a feed.) | breign language, a |
| jurisdiction under the salation of the certific . Nature of busin | e law of which it is organized. (ate under eath of the translator ness or purposes to be considered.) Signature of a member | (A photocopy is: must be submitte nducted or pr er or an autho | not acceptable. If the certificate is in a feed.) comoted in Florida: To engage in a certificate is in a feed. | oreign language, a |
| jurisdiction under the slation of the certific Nature of busin | e law of which it is organized. (ate under oath of the translator ness or purposes to be considered.) Signature of a member (In accordance with section of the translator) | (A photocopy is: must be submitte nducted or pr er or an autho 608.408(3), F.S., | not acceptable. If the certificate is in a feed.) comoted in Florida: To engage in | neign language, a |

Typed or printed name of signee

Thomas P. Long, Member

11.057 08/03/04 C T System Online

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 Compa | ny is: | | | | |
|---|---|--|--|--|--|--|
| TGM Enterprises, | -C. | | | | | |
| 2. The name and th | e Florida street address of | f the registered | agent and office are: | | | |
| | C T Corporation System | | | | | |
| | | (Name) | | • - | | |
| | 1200 S | outh Pine Island Re | oad | | | |
| | Florida Street Addre | ess (P.O. Box NO | T ACCEPTABLE) | | | |
| | Plantation | FL | 33324 | | | |
| | | City/State/Zip | - | | | |
| liability company at agent and agree to a relating to the prope obligations of my po | the place designated in thi ect in this capacity. I furthe r and complete performan | is certificate, I have er agree to comp ce of my duties, | of process for the above state creby accept the appointmently with the provisions of all and I am familiar with and a n Chapter 608, Florida Stat | nt as registered I statutes accept the | | |

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

STATE OF MISSOURI



Matt Blunt Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

TGM ENTERPRISES, L.L.C. LC0565479

was created under the laws of this State on the 30th day of January, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 18th day of October, 2004

Secretary of State

Certification Number: 7102858-3 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification

