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TRANSMITTAL LETTER

TO:	Registration Section Division of Corpora		a.				
SUBJ	ECT:	Budda	aman Expre	ss, LLC	-		
ЭСДС		(Name of Li	imited Lia	oility Comp	any)		
Florid	nclosed "Application la," Certificate of Exis ty company to transac	tence, and check are	submitted				
Please	e return all correspond	ence concerning this	matter to	the followi	ng:		
		A	manda Hur	teau			
		1)	Name of Po	erson)	· ·		
		Budd	laman Expr	ess, LLC			
		(1	Firm/Com	pany)			
		10151	N.W. Gaine	esville Road			
			(Addres	s)			
		Oc	ala, Florida	34475			
		(City/	State and	Zip Code)			
For fu	urther information con		please call				. "3
	Amanda		at (_	352)_	427-9732		
	(Nam	ne of Person)	(A	rea Code &	Daytime Teleph	one Number)	
	STREET ADDRES	SS:		MAILIN	G ADDRESS:	U	
	Registration Section				on Section		,
	Division of Corpora			Division of	of Corporations	10	
	409 E. Gaines Stree			P.O. Box		7.75 13	
	Tallahassee, Florida	. 32399		Tallahass	ee, Florida 32314	ļ	
Enclo	sed is a check for the	following amount:					
	☑ \$125.00 Filing Fee	□ \$130.00 Filing Fee Certificate		55.00 Filing F Certifie	Fee & □ \$160.00 ed Copy	Filing Fee, Certif of Status & Certi	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

····	(Name of For	uddaman Expr	ess, LLC			_
	(Name of For	eign Limited Lia	bility Company)			
	Delaware					
(Jurisdiction company is o	under the law of which foreign lim rganized)	ited liability	(FEI num	ber, if applicable)		_
	08/30/04	5.	Perpe	etual		
	(Date of Organization)		(Duration: Year limite exist or "perpetual")	d liability company v	vill cease to	-
		N/A				
	(Date first transacted (See sections 608.501 &	business in Flori & 608.502 F.S. t	da, if prior to registration of determine penalty liabil) ity)		_
	101	51 N.W. Gaine	sville Road	<u>–</u>		<u>. </u>
		Ocala, Florida,		_ 6.8	·	_
	(5	treet Address of	Principal Office)		-	_
Ailai	nda Hurteau / 10151 N.W. Gain	esville (Codd, C	cala, i folida 04470		-	_
					~-3	_
e jurisdiction t anslation of th	an original certificate of existence, no under the law of which it is organized e certificate under oath of the translat of business or purposes to be o	i. (A photocopy or must be submi	is not acceptable. If the certified.)	tificate is in a foreign	language, a	
				,		ا برد. • ــــــه
		manda	Hurten >	· · ·	2	
	Signature of a mem	iber or an auth on 608.408(3), F.S	norized representative ,, the execution of this docu y that the facts stated herein	ment constitutes		•
		Amanda i-	lurteau			
	Tyn	ed or printed	name of signee			

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:	
Buddaman Express, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Amanda Hurteau	_
(Name)	-
10151 N.W. Gainesville Road	_
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Ocala, FL 34475	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida S.	ment as registered f all statutes nd accept the
amanda Hutteau (Signature)	S for hol
\$ 100.00 Filing Fee for Application	24 p

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUDDAMAN EXPRESS 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 TWELFTH DAY OF OCTOBER, A.D. 2004.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUDDAMAN EXPRESS LLC" WAS FORMED ON THE THIRTIETH DAY OF AUGUST, A.D. 2004.

3848313 8300

Warriet Smith Window Sources of State

AUTHENTICATION: 3403658

040733184 DATE: 10-12-04