## M05000001904

(Requestor	s Name)
(Address)	
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(City/State/2	Zip/Phone #)
PICK-UP	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:
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Office Use Only



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CORPORATE	/		
ACCESS,		enue . Tallahassee, Florida 32303	
INC.	P.O. Box 37066 (32315-7066)	~ (850) 222-2666 or (800) 969-10	666 . Fax (850) 222-1666
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ECIAL INSTRUCTIONS_			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZ TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISSO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Name of Foreign Limited Liability Company (Jurisdiction under the law of which foreign limited liability company is organized) ear limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed 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.

Nationwide Conveyor Specialists LC
2. The name and the Florida street address of the registered agent and office are:
Corporate access, Inc.
236 East 6th Ave. Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32303
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, Florida Statutes.

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

## Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

NATIONWIDE CONVEYOR SPECIALISTS LLC

is in existence.

Secretary of the State

Date Issued: March 22, 2005