

M05000005274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

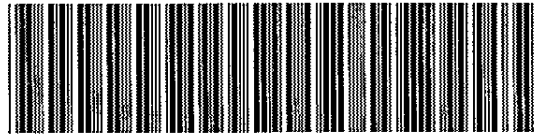
(Document Number)

Certified Copies _____ Certificates of Status _____

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400079805234

09/26/06--01045--002 **55.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 SEP 26 AM 11:31
TO ACQUIRE
SUFFICIENCY OF FILING
FILED
06 SEP 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 09/26/06

REF. #: 000638.57869

CORP. NAME: SHRED FIRST changing to TOTAL PRODUCT DESTRUCTION, LLC



- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 518573 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

M05000005274

(Document number (if known))

1. Shred First, LLC

(Name of LLC as it appears on the records of the Department of State)

2. Delaware

(Formed under laws of)

3. 09/23/2005

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the LLC when was the change effected under the laws of
its jurisdiction of formation 08/01/2006

5. Total Product Destruction, LLC

(Name of the LLC after the amendment)

(If new name is unavailable in Florida, enter alternate LLC name adopted for the purpose of transacting
business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of the LLC, indicate new jurisdiction.

(New jurisdiction)

(Signature of a director, president or other officer - if in the hands
of a receiver or other court appointed fiduciary, by that fiduciary)

Shred First USA, LLC by John E. Bauknight IV

(Typed or printed name of person signing)

Managing Member

(Title of person signing)

FILED
06 SEP 26 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "TOTAL PRODUCT DESTRUCTION, LLC" 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 REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

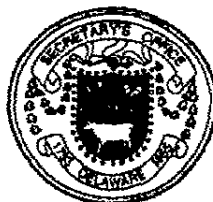
CERTIFICATE OF FORMATION, FILED THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2005, AT 4:59 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2005, AT 9:58 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2005, AT 12:01 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "SHRED FIRST, LLC" TO "LONLEAF PRODUCT DESTRUCTION, LLC", FILED THE FIRST DAY OF AUGUST, A.D. 2006, AT 11:28 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FOURTH DAY OF AUGUST, A.D. 2006.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4030990 8310

060781637

AUTHENTICATION: 4989829

DATE: 08-22-06

Delaware

PAGE 2

The First State

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "LONGLEAF
PRODUCT DESTRUCTION, LLC" TO "TOTAL PRODUCT DESTRUCTION, LLC",
FILED THE TWENTY-SECOND DAY OF AUGUST, A.D. 2006, AT 9:46
O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "TOTAL PRODUCT DESTRUCTION,
LLC".

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOTAL PRODUCT
DESTRUCTION, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER,
A.D. 2005.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4030990 8310

060781637

AUTHENTICATION: 4989829

DATE: 08-22-06