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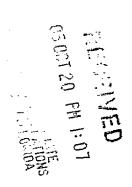
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Special Instructions to	Filling Officer:

Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE : 659042

4338256

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 18, 2005

ORDER TIME : 10:50 AM

ORDER NO. : 659042-015

CUSTOMER NO: 4338256

FOREIGN FILINGS

NAME: TAP ACQUISITION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608,503, FLORIA LIMITED LIABILITY COMPANY TO TRANSACT BUSIN			UBMITTED TO RE	GISTER A FOREM	GN
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	701 7 2010311	D'		
1. TAP Acquisition, LLC	gn Limited Liabilit	· Company	<u> </u>		
•	ga Camea Liaonii	y Company)		15 O	$\langle J \rangle$
2. Delaware (Jurisdiction under the law of which foreign limit	3			10 10 10 10 10 10 10 10 10 10 10 10 10 1	0
(Jurisdiction under the law of which foreign limit company is organized)	ed liability	(FEI num	ber, if applicable)	EGISTER A FOREI	2
4. September 22,2005 (Date of Organization)	5_ Pe	rpetural Duration: Year limited		923	
(Date of Organization)		Duration: Year limited (ist or "perpetual")	l liability company	will cease to	
6.		<u></u>			
(Date first transacted by (See sections 608.501 &	isiness in Florida, i 608.502 F.S. to det	f prior to registration termine penalty liabil	.) ity)		
7 801 West Artesia Boulevard, Compt		-	2,		-
7. Sol West Artesia Bodievard, Compo	OII, CR 90220	<u> </u>	<u> </u>	 	á i
(St	reet Address of Prin	ncipal Office)		<u> </u>	
(4.4.4		,			
8. If limited liability company is a manager	r-managed com	pany, check here [\supset		
		_			
9. The name and usual business addresses	of the managing	members or man	agers are as foll	ows:	
TAP Parent, LLC, 801 West Artesi	ia Boulevard	Compton, CA 9	0220 (Sole Me	mber)	
The fallower, and, our modernment		<u> </u>			- -
	<u> </u>	<u> </u>			4 : 1
		· 	£ . <u>*</u>	<u> </u>	. <u>-</u>
10. Attached is an original certificate of existence, no r	nore than 90 days of	ld, duly authenticated h	by the official havin	g austody of records	e in
the jurisdiction under the law of which it is organized.			tificate is in a forcig	jn language, a	
translation of the certificate under eath of the translator	must be submitted.)			
11. Nature of business or purposes to be co	onducted or pror	noted in Florida:	Manufacturin	g,	•••••
producing, marketing and selling					
producing, marketing and sering	arcer-market	aucomocive pa	Tes and acces		žta.
Lt. A.	Cureton				
Signature of a memb	er or an authori	zed representative	of a member.	-1	•
(In accordance with section	608.408(3), F.S., the	e execution of this docu	ment constitutes		
an affirmation under the pe	and the second s	it the facts stated herein	are true.)		
Peter S Cureton					

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.

1. The name	of the Limited Liability Company is:	<u>.</u>	
	and the Florida street address of the registered agent and office are:	** *=	- -
	Corporation Service Company		
	(Name)		w _ v = v .
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- <u></u>	
	Tallahassee FL 32301 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, Florida Statutes.

Corporation Service Company

By:

(Signature)

DAVE MICKELSEN, ASST V.D.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 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 "TAP ACQUISITION, 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 NINETEENTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAP ACQUISITION, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2005.

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



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 4234649

DATE: 10-19-05

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