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12/22/05--01043--021 **160.00

COVER LETTER

Registration Section Division of Corporations

TO:

The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submit liability company to transact business in Florida		
Please return all correspondence concerning this matter	to the following:	
HAROLD Prescot (Name o		
(Name o	of Person)	
AIMS LOGISTICS, LC	2005 DEC 22 ompany)	SEC
(Firm/C	ompany)	ÆΤς.
311 MODOE LANE	<i>-</i>	RY OF
311 MODE LANE (Add	lress) RPORAT	312
Colliecuille IN 38	ယ ခ	-
For further information concerning this matter, please c	all:	
Name of Person)	(Area Code & Daytime Telephone Number)	
Division of Corporations P.O. Box 6327 Cli Tallahassee, FL 32314 266	REET ADDRESS: vision of Corporations fron Building 61 Executive Center Circle flahassee, FL 32301	y.
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{130.00} \text{Filing Fee & Certificate of Status} \end{align*}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy	ору
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ame of Foreign Limited Liability Company) ion under the law of which foreign limited liability (Duration: Year limited liability company will cease to 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: $\frac{\omega}{c}$ 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: Logistics Suices

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.

1. The name of the Limited Liability Company is:	
Aims Logistics, LLC	<u>.</u> -
2. The name and the Florida street address of the registered agent and office are:	/
C T Corporation System	r
(Name)	
1200 South Pine Island Road	DIVISION (2005 DEC
Florida Street Address (P.O. Box NOT ACCEPTABLE)	班 點
Plantation, Florida 33324	22 25 25 25 25 25 25 25 25 25 25 25 25 2
	3 85
	?> ≧
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 regist 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.	tered
C T Corporation System	
By: (Signature) I.I. Miles, Asst. Secy.	

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

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

CHARTER/QUALIFICATION DATE: 09/29/1994 STATUS: ÄCTIVE CORPORATE EXPIRATION DATE: 12/31/2050 CONTROL NUMBER: 0284464 JURISDICTION: TENNESSEE

TO: HAROLD PRESCOTT 311 MOORE LANE COLLIERVILLE, TN 38017

COLLIERVILLE, TN 38017

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "AIMS LOGISTICS, LLC"

MITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF ATION AND DURATION AS GIVEN ABOVE;
ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE TENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 12/15/05

RECEIVED:

\$0.00

FROM: AIMS LOGISTICS LLC P.O. BOX 1150

TOTAL PAYMENT RECEIVED:

\$20.00

COLLIERVILLE, TN 38027-0000

RECEIPT NUMBER: 00003830899 ACCOUNT NUMBER: 00245425



RILEY C DARNELL SECRETARY OF STATE

55-1158