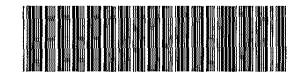
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03-30-06

NAME:

RESTYLER'S'CHOICE, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: \$125 + \$30= \$155

RETURN:

CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION:

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:

1.	Restylers' Choice, LLC	
	(Name of Foreign Limited Liability Company)	· ·
2.	Delaware 3, 20-1222692	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	June 3, 2004 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will ceated style of "perpetual")	se to
б.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	59 Tech View Drive	SECTION AND AND AND AND AND AND AND AND AND AN
	Cincinnati, Ohio 45215	
	(Street Address of Principal Office)	1:1C
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:	200
	Mr. Richard Krasne, 5923 Gateway West, El Paso, Texas 79925; Mr. Alan Krasne, 5923 Ga	teway Wes
	El Paso, Texas 79925; Mr. Douglas Krasne, 59 Tech View Drive, Cincinnati, Ohio	45215;
	Ms. Kathy Krasne, 59 Tech View Drive, Cincinnati, Ohio 45215	
tix tra	Oher than the disant original certificate of existence, no more than 90 days old, duly authenticated by the official having custody ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languagues and of the certificate under each of the translator must be submitted.) I. Nature of business or purposes to be conducted or promoted in Florida: Sale of auto trim acceptable.	,e, a
		 ,
	Mele Modni V	
	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.)	
	Mark Hedrick	
	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.

The name of the Limited Liability Company is: Restylers' Choice, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Capitol Corporate Services, Inc. (Name)	SECOND T
1333 North Duval Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	8
Tallahassee FL 32303 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.

Carle Coulde asst sec

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

PAGE

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESTYLERS' CHOICE, 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 EIGHTH DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESTYLERS" CHOICE, LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2004.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4577149

DATE: 03-08-06

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