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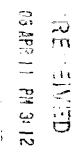
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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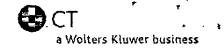


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SECRETARY OF STATE





CT 1203 Governors Square Blyd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctiegalsolutions.com

please July

April 11, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 THE WEST STATES

Re:

Order #: 6612204 SO

Customer Reference I: N/A

Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

JS Imports, LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sunge

Sincerely,

Jennifer Murphy Fulfillment Specialist

Jennifer.Murphy@wolterskluwer.com

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

IN COMPLIANCE WITH SECTION 608.518, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name of Foreign Limited	Liability Company)
•	3. Applied For
April 4, 2006 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will scape to exist or "perpetual")
Upon registration (Date first transacted business in F (See sections 608.501 & 608.502 F.)	Morida, if prior to registration.) F.S. to determine penalty liability)
. 2555 Telegraph Rd., Bloomfield Hills, MI 48302	
(Street Addres	ess of Principal Office)
R. If limited liability company is a manager-manage	ed company, check here
The name and usual business addresses of the ma	anaging members or managers are as follows:
ustody of records in the jurisdiction under the law of which	are than 90 days old, duly authenticated by the official having
in a foreign language, a translation of the certificat	aich it is organized. (A photocopy is not acceptable. If the certi- ate under oath of the translator must be submitted.)
s in a foreign language, a translation of the certificat I. Nature of business or purposes to be conducted of	ate under oath of the translator must be submitted.)
Signature of a member or an a (In accordance with action 608.408(3).	ate under oath of the translator must be submitted.)

TOTAL SUSPING T System Calline

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 Con	mpany is:
JS Imports, LLC	•
2. The name and the Florida street addre	ss of the registered agent and office are:
1	C T Corporation System
	(Nama)
12	00 South Pine Island Road
Florida Street	Address (P.O. Box NOT ACCEPTABLE)
7	Pantation, Florida 33324
	City/State/Zip
liability company at the place designated i agent and agree to act in this capacity. If relating to the proper and complete perfor	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registered further agree to comply with the provisions of all statutes mance of my duties, and I am familiar with and accept the gent as provided for in Chapter 608, Florida Statutes.
By: Clauden L.	Dance.
(Signature)	. 04
Claudia	·
Asst. Se	ecretary
\$ 100. \$ 25.	00 Designation of Registered Agent
	.60 Certified Copy (optional) .60 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 "JS IMPORTS, 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 SIXTE DAY OF APRIL, A.D. 2006.

4138029 8300 060323477 Warriet Smile Hinder

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4648939

DATE: 04-06-06