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MAY 10 AM 9:30 CORETARY OF STATE LATASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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#### **Emerald Hilton Davis, LLC**

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5/10/2006

PAGE 81/04

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATE LIMITED LIBILITY COMPANY TO TRANSACT BUSINESS IN	TUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN THE STATE OF FLORIDA:
1. Emerald Hilton Davis, LLC	
(Name of Foreign Limit	red Liability Company)
Delaware     (Inrisdiction under the law of which foreign limited liability company is organized)	3. 20-4420277 (FEI number, if applicable)
4. Merch 3, 2006 (Date of Organization)	5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business if (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)
7, 5200 Town Center Circle, Suite 470, Boca Raton, FL 334	486 mg
(Struet Add	ress of Principal Office)
8. If limited liability company is a manager-mana	ged company, check here
9. The name and usual business addresses of the n	nanaging members or managers are as follows:
Emerald Performance Materials, LLC, 5200 Town Cen	ter Circle, Suite 470, Boca Raton, FL 33486
custody of records in the jurisdiction under the law of wi	ore than 90 days old, duly authenticated by the official having hich it is organized. (A photocopy is not acceptable. If the certificate cate under eath of the translator must be submitted.)  d or promoted in Florida: any lawful purpose
(In accordance with section 608,4080)	authorized representative of a member.  3), F.S., the execution of this document constitutes
an arrangation under the parametes of Jason H. Neimark, Authorized P.	porjury that the facts stated herein are true.)
· · · · · · · · · · · · · · · · · · ·	nted name of signee

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## 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 a	nd the Florida street address of the registered agent and office are:	
	C T Corporation System	5
	(Name)	, <u>, , , , , , , , , , , , , , , , , , </u>
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
	Plantation, Florida 33324	
	City/State/Zip	<del>-</del> - ·

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

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(Signmure)

CT SYSTEM

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMERALD HILTON DAVIS, 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 NINTH DAY OF MAY, A.D. 2006.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMERALD HILTON DAVIS, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2006.



Namiet Smith Hindon Harriet Smith Windson. Secretary of Scape

AUTHENTICATION: 4732702

DATE: 05-09-06

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