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June 15, 2006

### **CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Bay State Cable Ties, LLC

Filing Evidence  □ Plain/Confirmation	Type of Document Copy □ Certificate of Status	
□ Certified Copy	□ Certificate of Good Standing	
	□ Articles Only	
Retrieval Reques  Photocopy  Certified Copy	<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> <li>□ Other</li> </ul>	le
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
Non Profit	Resignation of RA Officer/Director	
Limited Liability	Change of Registered Agent  Dissolution/Withdrawal	S
Domestication	Dissolution/Withdrawal	웠_
Other	Merger PA	Y8.4.0

 OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

	REGISTRATION/QUALIFICATION
	Foreign
X	Limited Liability
	Reinstatement
	Trademark
	Other

## 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:

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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.

1. The	of the Limited Liability Company is:	
3	tate Cable Ties, LLC	
2. The	nd the Florida street address of the registered agent and office are:	
	United Corporate Services, Inc.	1. 5.
	(Name)	7
	9200 South Dadeland Blvd., Suite 508	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)  Miami 33156	RATIONS
	FL City/State/Zip	υ.

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 pasition as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature) Michael A. Barr, President

> \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) **Certificate of Status (optional)** 5.00



# The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

May 9, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

#### **BAY STATE CABLE TIES, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 22, 2001.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travino Galecin

Secretary of the Commonwealth

ON THE STAND OF CORPORATIONS

Processed By: jbm