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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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WE TO SERVE

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2006

GIADA ROCCA 1101 BRICKELL AVE. STE 1003-N MIAMI, FL 33131

SUBJECT: OMP AMERICA LLC Ref. Number: W06000043126

We have received your document for OMP AMERICA LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 806A00058307

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ			AHERICA LLC ne of Limited Liability Company)		
Florid		l che	mited Liability Company for Authorizacek are submitted to register the above Horida		
Please	e return all correspondence conc	erni	ing this matter to the following:	런	
		<u></u>	GIADA ROCCA (Name of Person)	2006 OCT 11 P 3: SECRETARY OF STA ALLAHASSEE, FLOO	FILED
		ĝιΑ	(Firm/Company)	D 3: 00 F STATE EE, FLORID	
	1101 8	RIC	CKEU AVE . STE . HED K	ier ariana	
	Н	IAY	MI FL 33131		
			MI FL 33131 (City/State and Zip Code)	,	
For fu	orther information concerning th	is m	atter, please call:		
	GIADA ROCI		at (<u>786)</u> <u>269-0</u> (Area Code & Daytime T		·)
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le	
Enclo:	sed is a check for the following \$\Bigsim\$ \$125.00 Filing Fee \$\Bigsim\$ \$130.0	0 Fili		160.00 Filing Fee, Cer of Status & Ce	

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

	PLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN PLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	OMP AMERICA, LLC (Name of Foreign Limited Liability Company)
	ASHINGTON (STATE OF WASHINGTON)3. 20-0061960 fiction under the law of which foreign limited liability they is organized) (FEI number, if applicable)
4	6 12 2003 (Date of Organization) 5. 4142003 12 16 2033 (Duration: Year limited liability company will cease to exist or "perpetual")
6. <u>Ha</u>	as not started transacting business in Florida. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	HIAMI, FL 33131 (Street Address of Principal Office)
8. If lin	name and usual business addresses of the managing members or managers are as follows:
	berto Percivalle - c/o OMP RACING S.r.L.
<u> </u>	Via E. Bazzano, 5
	16019 Ronco Scrivia (Genova) ITALY
the jurisdic	thed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in iction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nof the certificate under onth of the translator must be submitted.)
	ture of business or purposes to be conducted or promoted in Florida: To import autosport equipment
relat	ted equipment into the U.S. for sale and distribution, and may engage in any activities in cidental the primary Signature of a member or an authorized representative of a member.
	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.)
	GABRIELE PEDONE

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: OMP AMERICA, LLC		
2. The name and the Florida street address of the registered agent and office a	re:	
GABRIELE PEDONE (Name)	2006 OCT 1 SÉCRETAR TALLAHASS	771
800 BRICKELL AVENUE, SUITE 400 Florida Street Address (P.O. BOX NOT ACCEPTABLE)	OCT II P	m
HIPM FL 33131 City/State/Zip	STATE STATE LORIDA	O

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.

(Signature)

\$ 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

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF OMP AMERICA, L.L.C.

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 6/12/2003.

I FURTHER CERTIFY that as of the date of this certificate, OMP AMERICA, L.L.C. remains active and has complied with the filing requirements of this office.

Date: August 31, 2006

UBI: 602-303-156

STATE OF WASHINGTON 1889 NO.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State