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COVER LETTER

TO: Registration Section Division of Corporations						
	WHOLESALE LLC ted Liability Company)					
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited					
Please return all correspondence concerning this m	ne of Person)					
~	me of Person) WHOLESALE ZER 25 m/Company) SEE SER 25 M/Company) OX 88194 SER 25 Address)					
ATLANTA 6A 30356 - 8194 (City/State and Zip Code)						
For further information concerning this matter, please call:						
PETER CRANS TON (Name of Person)	at (170) 655 8509 (Area Code & Daytime Telephone Number)					
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{125.00 Filing Fee} & \Boxed{130.00 Filing Fee} & \Certificate of the following amount: \$\Boxed{130.00 Filing Fee} & \Boxed{130.00 Filing Fee} & 130.	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Conv. of Status & Certified Conv.					

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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			(N	ame of Fore	eign Limite	d Liability	Company)				
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		(In	accordance	with section under the po	1 608.408(3) enalties of p	, F.S., the en	xecution of the facts state	his document of herein are		•	
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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:	
	FUTURA WHOLESALE 2LC	
2.	The name and the Florida street/address of the registered agent and office are:	
	HENDY - HAERE	
	3/7 AIBIS	T
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	П
	MELBOUTONE BEACH FIL 3295 1 3	J
	City/State/Zip > ' ω	

Having been pamed 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)

Control No. 06107583

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

FUTURA WHOLESALE LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/20/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of December, 2006

> Cathy Cox Secretary of State

Certification Number: 450314-1 Reference; Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp