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DIVISION OF CORPORATIONS
OF JAN 23 PH 1: 48

& BRYAN

JAN 2 4 2007

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mackz Xtreme S (Name of Line	PORT 2, LLC nited Liability Company)
	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this r	natter to the following:
D'ANE	と 以owe ame of Person)
(Na	ime of Person)
Mack 2 Xtrene Spo (Fi	rm/Company)
486 TURA	(Address) X 77351 Tate and Zip Code)
	(Address)
Livingston, T)	x 77351 2 399 tate and Zip Code) 2 399
(City/St	ate and Zip Code)
For further information concerning this matter, ple	ease call:
(Name of Person)	at (936) 328-8950 (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: \$\sum \\$125.00 \text{ Filing Fee}\$ Certificate of	Status Certified Copy of Status & Certificate

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:

. MCK2 Xtrene Spo	ATZ, LLC			
(Name of	`Foreign Limited Lia	bility Company)		
Texas	3	20.52	37444	
. Texas (Jurisdiction under the law of which foreign	limited liability	(FEI numb	per, if applicable)	
company is organized)	-			
AULUST 24 2006	5	Perpelual		
(Date of Organization)		(Duration: Year limited	liability company wil	I cease to
•		exist or "perpetual")		
	NA			
(Date first transac	ted business in Flori	da, if prior to registration.) (
(See sections 608.5	01 & 608.502 F.S. to	determine penalty liabili	ty)	
Н	86 TURNES	RA.		0 %
				155
	Livingston	ノフス 773 S Principal Office)	. 1	2 2
	(Street Address of	Principal Office)		23
1611			.	- W
If limited liability company is a ma	nager-managed co	ompany, check here	2	¥
The name and usual business addre	sses of the manao	ing members or mans	igers are as follows	7 JAN 23 PH 1:48
	_	•	-	
Diane Howe 486	TURNER RD	. Livingston,	TX 7735	!
PATRICK MckinNON	486 TUR1	ver RD. Livi	ryston, TX	77351
). Attached is an original certificate of existence				
e jurisdiction under the law of which it is organ			ficate is in a foreign lar	nguage, a
nslation of the certificate under cath of the tran	islator must be submit	lea.)		
. Nature of business or purposes to l	he conducted or n	romoted in Florida:	PASMLBALL	QAMOC
. Nature of business of purposes to	be conducted of p	Tomotea in Fronta.	741.0 17074	3/1///69
				,
O_{λ}	are House	2		
		orized representative	of a member.	
(In accordance with se	ection 608.408(3), F.S.,	the execution of this docum	ent constitutes	
		that the facts stated herein a	re true.)	
<u> </u>	りらみルセ しんの Syped or printed n	we	 	
T	yped or printed n	ame 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:

MCKZ	XLREME SPORTZ, LLC	0 20
2. The name and	the Florida street address of the registered agent and office are:	T JAH 2
	Robert. O. Wilson	23 F
	(Name)	<u> </u>
-	954 EAST SILVER SPRINGS BLUD. Florida Street Address (P.O. Box NOT ACCEPTABLE)	1:48
-	OCACA, FL 34470 City/State/Zip	

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Roger Williams Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Mackz Xtreme Sportz LLC (filing number: 800658736), a Domestic Limited Liability Company (LLC), was filed in this office on May 23, 2006.

It is further certified that the entity status in Texas is in existence.

OT JAN 23 PH 1:46

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 10, 2007.



Roger Williams Secretary of State

Phone: (512) 463-5555 Prepared by: Victoria Nunez Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

TTY: 7-1-1

Document: 156944640002