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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TBFI, 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 ma	atter to the following:
Jon R Rice	O7 J
(Na	me of Person)
TBFI, LLC	me of Person) FILED FILED M/Company) FILED FILED
(Fin	m/Company)
201 Stone Hedge Ct	Dm co
	(Address)
Holly Springs, NC 27540	
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	ase call:
Jon R Rice	at (919) 656-7786
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumsymbol{\sum}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2007

JON R RICE 201 STONE HEDGE CT HOLLY SPRINGS, NC 27540

SUBJECT: TBFI, LLC

Ref. Number: W0700001142

We have received your document for TBFI, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas Document Specialist Letter Number: 807A00001731

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:

TBFI, LLC	
(Name of Foreign Limited	Liability Company)
State of Illinois	3. 77-0469859
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
10/22/1997	5, 2047
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{5.} N/A	
(Date first transacted business in F (See sections 608.501 & 608.502 F.:	lorida, if prior to registration.)
_{7.} 399 Whitney Way	FLOST
Morgan Hill, CA 95037	A TE
	s of Principal Office)
O. The name and usual business addresses of the man	naging members or managers are as follows:
201 Stone Hedge Ct	
Holly Springs, NC 27540	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco ranslation of the certificate under cath of the translator must be suffered.) 11. Nature of business or purposes to be conducted or	omitted.)
(In accordance with section 608.408(3), an affirmation under the penalties of Penal	uthorized representative of a member. F.S., the execution of this document constitutes rjury that the facts stated herein are true.)
Typed or printe	d 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:	
TBFI, LLC	
2. The name and the Florida street address of the registered agent and office are:	07
Paul W Just III	SEORIE SEORIE
(Name)	FILED 129 F HASSEI
206 East Moody Blvd, Ste #4	OF S
Florida Street Address (P.O. Box NOT ACCEPTABLE)	HILED 429 PH 12: 08 RETARY OF STATE WHASSEE, FLORIDA
Flagler Beach FL 32136	
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)

File Number

0014428-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TBFI, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 22, 1997, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 0634604896

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH

day of DECEMBER A.D.

2006

SECRETARY OF STATE