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HASSEE, FLORIC

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GOODRICH, LLC

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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:

1	Goodrich, LLC
•	(Name of Foreign Limited Liability Company)
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 04-3546638 (FEI number, if applicable)
4.	June 20, 2001 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	c/o Goodrich, LLC
	55 Hayden Avenue, Suite 3200, Lexington MA 02421 (Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here
,	The name and usual business addresses of the managing members or managers are as follows: Stanley L. Clarke, 55 Hayden Avenue, Suite 3200, Lexington MA 02421 Joseph Marzilli, 55 Hayden Avenue, Suite 3200, Lexington MA 02421
	Dougas Dubiel, 55 Hayden Avenue, Suite 3200, Lexington MA 02421
be	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lenguage, a slation of the certificate under eath of the translator must be submitted.)
l.	Nature of business or purposes to be conducted or promoted in Florida: To engage in any lawful
	Signature of amember 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.)
	Gregory E. Young, Authorized Representative

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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 name	of the	Limited	Liability	Company	is:
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2.	The name and the	Florida street	address	of the reg	ristered as	ent and	office are:

The name a	nd the Florida street address of the registered agent and office are:	98 1A1
· ·	Angell Corporate Services, Inc.	HAR
	(Name)	HASS
	One N Clematis Street, Suite 400	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- FLOO
	West Palm Beach FL 33401	RIGA
	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.

Angell Corporate Services, Inc.

Gregory E. Young, Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOODRICH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOODRICH, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3405831 8300

070322807

Warnet Smile Henden
Harriet Smith Windsor, Secretary of State

Dattier Stuffer Millozoff Secretary or State

AUTHENTICATION: 5509751

DATE: 03-15-07