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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Universal Specialty Products Co					
(Name of Limit	ted Liability Company)				
•••	bility Company for Authorization to Transact Business in bemitted to register the above referenced foreign limited				
Please return all correspondence concerning this ma	atter to the following:				
Rob P. Diederich					
(Nar	ne of Person)				
McGrath, North, Mullin & Kr					
(Firm/Company)					
Suite 3700 First National Tower, 1601 Dodge St.					
,	Address) Address) Address				
Omaha, NE 68102	<i>(</i>)				
(City/Sta	te and Zip Code)				
For further information concerning this matter, plea	se call:				
Rob Diederich	at (402) 341-3070				
(Name of Person)	(Area Code & Daytime Telephone Number)				
MAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \frac{1}{2	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy				

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.	Universal Specialty Products Co. L.L.C.
	(Name of Foreign Limited Liability Company)
2.	Nebraska 3. 20-8428072
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	2-1-07 _{5.} Perpetual
	(Date of Organization) (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.	4458 S. 67th Street, Omaha, Nebraska 68117 목 기계
	26 OF F
	(Street Address of Principal Office)
ጸ	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here
٠.	O 35
9.	The name and usual business addresses of the managing members or managers are as follows:
	Graham Enterprises, Inc. 14012 Giles Road, Suite 2, Omaha, Nebraska 68138
	Donald D. Graham 14012 Giles Road, Suite 2, Omaha, Nebraska 68138
	Nancy Graham Cagle 14012 Giles Road, Suite 2, Omaha, Nebraska 68138
thk	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	wholesale distribution of tobacco products
	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.) Nancy Graham Cag I C 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.

l.	The name o	f the Limited	l Liability	Company is:
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Universal	Sı	oecial	ty	Pr	odu	ıcts	Co.	L.L.	C.

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.	,
(Name)	pg
2731 Executive Park Dr., Suite 4	SECRE DIVISION 07 HAR
Florida Street Address (P.O. Box NOT ACCEPTABLE)	R 26
Weston, FL 33331	
City/State/Zip	OI : II

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.

NEAT Services, Inc. Zuma M. Howarth, ASS+Slow

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF



NEBRASKA

United States of America, State of Nebraska

ss.

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of Stafe of Nebraska do hereby certify;

UNIVERSAL SPECIALTY PRODUCTS COLLEC

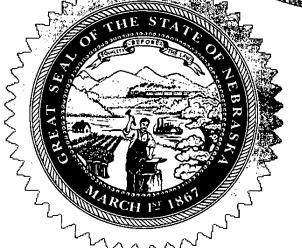
with its registered office located in OMAHA, Nebraska, filed Articles of Organization in this office on February 1, 2007.

I further certify that said limited liability company is in existence as of this date.

In Testimony Whereof

l have hereuntô set my hand and laffixed the Great Seal of the State of Nebraska on February 8/2007.

SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

SECRETARY OF STATE DIVISION OF CORPORATIONS