

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094

Phone

: (770)777-2091

Fax Number

: (770)220-1943

ORIDA/FOREIGN LIMITED LIABILITY CO.

Bagster USA, LLC

Certificate of Status	0
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COVER LETTER

	ristration Section rision of Corporations
SUBJECT	: Bagster USA, LLC (Name of Limited Liability Company)
Florida," C	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in ertificate of Existence, and check are submitted to register the above referenced foreign limited mpany to transact business in Florida.
Please retu	m all correspondence concerning this matter to the following:
	Shannan Krippner, Paralegal
	(Name of Person)
	Hartman, Simons, Spielman & Wood, LLP
	(Firm/Company)
·	6400 Powers Ferry Road, NW, Suite 400
	(Address) 99 99 55
	Atlanta, Georgia 30339
	(City/State and Zip Code)
For further	information concerning this matter, please call:
Sha	annan Krippner at (770) 226-1332
·	(Name of Person) (Area Code & Daytime Telephone Number)
Divi P.O.	ILING ADDRESS: sion of Corporations Box 6327 clifton Building ahassee, FL 32314 Clifton Building Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \$\sum_\$130.00 Filing Fee & \$\sum_\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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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.	Bagster USA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."	!?}	
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copmeent of the managers or managing members adopting the alternate name. The alternate name must include "Limite ompany," "L.L.C.," "LLC.")	y of the wi	ritten /
٠.	Delaware (Turisdiction under the law of which foreign limited liability company is organized) 3. 20-5334131 (FEI number, if applicable)		
4.	8/4/2006 (Date of Organization) 5. Perpetual (Duration: Year limited Hability company will exist or "perpetual")	ease to	
6.	Upon filing	₽gg	80
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	器	NAL 80
7.	530 East Paces Ferry Road, Atlanta, Georgia 30305	ASA ASSA	123
		- FR - FR	AH
	(Street Address of Principal Office)	255 255 255 255 255 255 255 255 255 255	8:55
8.	If limited liability company is a manager-managed company, check here	By	55
9.	The name and usual business addresses of the managing members or managers are as follows:		
	Lane Moore, Michael Greene, Timothy Greene and Scott Rhodes		
	Addres for all: 530 East Paces Ferry Road, Atlanta, Georgia 30305		
he,	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fineign langualistic of the certificate under oath of the translator must be submitted.)	ly of record	lsin
11.	. Nature of business or purposes to be conducted or promoted in Florida:		
	Own and manage various assets		
•	Chy. Il	 '	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), P.S., the execution of this document constitutes		
	an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Chris Schwab, Authorized Representative Typed or printed name of signee		

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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.

rida is:
nd office are:
nd office are: SECRETARY ALLAHASSEE
ABLE) AN ON AN AN AND
2

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 fegistered 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)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAGSTER USA, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAGSTER USA, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2006.

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

4200758 8300 080073191



Warriet Smith Hindan

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6330269

DATE: 01-23-08

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