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From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number: 072731001155 Phone: (813)253-2020 Fax Number: (813)251-6711

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Summit Sign and Safety, 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 S	STATE OF FLORIDA:
Summit Sign and Safety, LLC  (Name of Foreign Limited Liability Company; must include the company)	le "Limited Liability Company," "L.L.C.," or "LLC.")
(,,,,,,,,,,,,,,,,,,	
If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Wisconsin 3.	20-2967504
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. <b>June 9, 2005</b> 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5.	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	rida, if prior to registration.) to determine penalty liability)
7. 14022 5th Street, Suite B	
Dade City, FL 33525	SEC.
(Street Address o	of Principal Office)
3. If limited liability company is a manager-managed of	ي بير بير
9. The name and usual business addresses of the mana	ging members or managers are as follows:
Donald Meeker, Manager	S IA IOR IS IN IOR IN IOR IS IN IOR IS IN IOR IS IN IOR IN IOR IS IN IOR IN IO
14022 5th Street, Suite B	D.F. 90 A
Dade City, FL 33525	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy ranslation of the certificate under oath of the translator must be subm.	
1. Nature of business or purposes to be conducted or	promoted in Florida: Internet based
catalog sales.	
1 Su	e www
	horized representative of a member.
(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjur	S., the execution of this document constitutes ry that the facts stated herein are true.)

Leslie J. Barnett, Esq., Authorized Representative Typed or printed name of signee

1. The name of the Limited Liability Company is:

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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.

Summit Sign and Safety, LLC	-		
If name unavailable, the alternate name to be used in the state of Florida is:	08 SE		
2. The name and the Florida street address of the registered agent and office are:	FEB 21 GRETAR) AHASSI		
Leslie J. Barnett, Esq.	E o		
(Name)			
601 Bayshore Boulevard, Suite 700 Florida Street Address (P.O. Box NOT ACCEPTABLE)	AM 10: 39 Of State E.Florida		
Tampa, Florida 33606 FL			
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.  (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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### United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

#### SUMMIT SIGN AND SAFETY, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 8, 2005.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on February 20, 2008.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Provices
Department of Financial Institutions

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

50061-3066D898