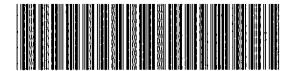
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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**EXAMINER** 





ON SERVICE COMPANY.	•		
ACCOUNT NO.	: 0721000000	32	
REFERENCE	: 508740	4300097 京公 8	1
AUTHORIZATION	: Louel B	Contract	
COST LIMIT	: \$ 125.00	man Total	PH.
ORDER DATE : March 31, 2008		Tr. Fr.	· · · · · · · · · · · · · · · · · · ·
ORDER TIME : 5:30 PM		3	うべ
ORDER NO. : 508740-090			
CUSTOMER NO: 4300097			
		<b></b>	
FOREIGN F	ILINGS		
NAME: NUCO2 MANAGEM	ENT LLC		
XXXX QUALIFICATION (TYPE: Li	L)		
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILE	NG:	
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	ANDING .		
CONTACT PERSON: Susie Knight	EXT# 2956		

EXAMINER:

### 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. NuCO2 Managen	
(Name of Foreign Li	mited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter a consent of the managers or Company," "L.L.C.," "LLC	alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written managing members adopting the alternate name. The alternate name must include "Limited Liability.")
2. Delaware	<sub>3.</sub> 26-2040986
(Jurisdiction under the la- company is organized)	w of which foreign limited liability (FEI number, if applicable)
4. February 21, 200 (Date of C	5. perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. May 07, 2008	,
	(Date first transacted business in Florida, if prior to registration.) See sections 608.501 & 608.502 F.S. to determine penalty liability)
	t Place, Stuart, Florida 34997
	SSS -
	(Street Address of Principal Office)
8. If limited liability co	ompany is a manager-managed company, check here
9. The name and usual	business addresses of the managing members or managers are as follows:
NuCO2 Inc.	
2800 S.E. Marke	Place, Stuart, FL 34997
the jurisdiction under the law	rtificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, ander oath of the translator must be submitted.)
11. Nature of business	or purposes to be conducted or promoted in Florida:
Personnel manage	ment
	En M. Wha
	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.)
	Fric M. Wechsler

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.

1. The nan	ne of the Limited Liability C	ompany is:		
NuCO2 N	Management LLC			
If name un	available, the alternate name	to be used in the	state of Florida is	:
2. The nan	ne and the Florida street addr	ess of the registe	ered agent and offic	ce are:
	Corporation Service	Company		
		(Name)	<u></u>	<del></del>
	1201 Hays Street			
	Florida Street	Address (P.O. Box	NOT ACCEPTABLE)	
	Tallahassee	FL	32301	
		City/State/	Zip	<del></del>
liability com agent and ag relating to the abligations (	n named as registered agent at apany at the place designated gree to act in this capacity. It is proper and complete perform my position as registered agon. Service Company  (Signature)	in this certificate further agree to c rmance of my dut	I hereby accept the comply with the proies, and I am famili	e appointment as registered visions of all statutes iar with and accept the

Allison Quigley, Assistant VP

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

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NUCO2 MANAGEMENT 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 THIRTY-FIRST DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NUCO2 MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Window Secretary of State

AUTHENTICATION: 6489173

DATE: 03-31-08

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