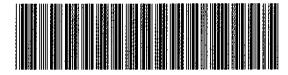
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SECRETARY OF STATE



March 27, 2008

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Ref: Foreign Limited Liability Company Registration

Dear Sir,

Please find attached the necessary paperwork to file our LLC with the State of Florida. If you require any further information you may contact me at the above address and phone number. My email address is dficd@rose.net. Also enclosed is our check for \$125.00 for the filing fee.

Thank you for your attention to this matter.

Sincerely

J. Claud Davis IV

Manager

Cc: Sammy Davis

Attachment

Enclosure

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	TRIPLE J SUPPLY, LLC			
		ited Liability Company)		
Florida," Ce		ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited		
Please return	all correspondence concerning this n	natter to the following:		
	J. CLAUD DAVIS IV			
	(Na	me of Person)		
TRIPLE J SUPPLY, LLC				
(Firm/Company)				
	800 METCALF AVE.			
		(Address)		
THOMASVILLE, GA 31792				
	(City/St	ate and Zip Code)		
For further information concerning this matter, please call:				
<u>J. С</u>	LAUD DAVIS IV	at (229) 227-5675		
	(Naine of Person)	(Area Code & Daytime Telephone Number)		
Divis P.O.	LING ADDRESS: sion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{1}{2}}}\$\$125.00 Filing Fee \$\sum_{\text{\$\frac{1}{2}}}\$\$130.00 Filing Fee & \$\sum_{\text{\$\frac{1}{2}}}\$\$\$155.00 Filing Fee & \$\sum_{\text{\$\frac{1}{2}}}\$				

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:

TRIPLE J SUPPLY, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
_{2.} GEORGIA _{3.} 58-2371719
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 2/ 6 9/98 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/2008 P.K. &
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 800 METCALF AVE.
THOMASVILLE, GA 31792
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
SAMMY DAVIS, J. CLAUD DAVIS IV
800 METCALF AVE.
THOMASVILLE, GA 31792
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: PLUMBING WHOLESALE
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.)

Typed or printed name of signee

J. CLAUD DAVIS IV

Received Event (Event Succeeded) Date: 3/26/2008 2:16 PM Time: 0 min 57 sec Pages: Duration: Sender: Company: Fax Number: Subject: Mar 26 2008 13:28 HP LASERJET FAX p.2 Typ

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P. 2

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

davis family indust

Mar. 26. 2008 4:13AM

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:	,
TRIPLE J SUPPLY, LLC	PER SE TI
If name unavailable, the alternate name to be used in the state of Florida is:	AR31
2. The name and the Florida street address of the registered agent and office are:	OF ST
NRAT SERVICES, TWC.	SZ RIDA
2731 EXECUTIVE PARK DRIVE, Florida Street Address (P.O. BOX NOT ACCEPTABLE)	Suite 4
Weston FL 93381	·

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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

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

Control No. K804708

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

TRIPLE J SUPPLY, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 02/09/1998 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 26th day of March, 2008

Haun Chandle Karen C Handel

Secretary of State

Certification Number: 2506668-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp