Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092 Fax Number : (850)878-5368

ORIDA/FOREIGN LIMITED LIABILITY CO.

SCSF CCFURNITURE (US), LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Ust include "Limited Liability Company," "L.L.C.," or "LLC.")
be purpose of transacting business in Florida and attach a copy of the written the alternate name. The alternate name must include "Limited Liability
₃ 26-4061284
ability (FEI number, if applicable)
5. PERPETUAL
(Duration: Year limited liability company will crase to exist or "perpetual")
ss in Florida, if prior to registration.) 502 F.S. to determine penalty liability)
SUITE 600
Address of Principal Office)
naged company, check here
e managing members or managers are as follows:
LDINGS, LLC
SUITE 600
hen 90 days old, duty authenticated by the official having custody of records in notocopy is not acceptable. If the certificate is in a foreign language, a be submitted.)
cted or promoted in Florida: ANY AND ALL LAWFUL
. •
an authorized representative of a member. OB(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.) AUTHORIZED REPRESENTATIVE

Typed or printed name of signes

ON JAN 22 M 8: 13

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.

SCSF CCFURNITURE (US), LL	.c		
If name unavailable, the alternate name to b	e used in the st	ate of Florida is:	
2. The name and the Florida street address	of the registere	d agent and office are	
CT CORPORATION SYSTEM			
	(Namu)		
1200 SOUTH PINE	ISLAND RO	DAD	
Florida Street Add	ress (P.O. Box N	OT ACCEPTABLE)	
PLANTATION	FL	33324	
	City/State/Zip	1	

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.

Kristine Heiberger Assistant Secretary

\$ 100.00

Filling Fee for Application

\$ 25.00

Designation of Registered Agent

30.00

Certified Copy (optional)

S 5.00

Certificate of Status (optional)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCSF CCFURNITURE (US), 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-SECOND DAY OF JANUARY, A.D. 2009.

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

SECRETARY OF STATE STATIONS OF LINES OF CORPORATIONS

4645841 8300

090058382

You may vorify this certificate online

AUTHENTICATION: 7093962

DATE: 01-22-09