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#### **COVER LETTER**

TQ: Registration Section Division of Corporations	
SUBJECT: FLC IMPORTS, LLC (Name of Lin	nited Liability Company)
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
MICHELLE COLE	
(N	ame of Person)
FLC IMPORTS, LLC	
(F	irm/Company)
P.O. BOX 428 (1995)	(Address)
FULTON, MS 38843	•
(City/S	tate and Zip Code)
For further information concerning this matter, pl	ease call:
MICHELLE COLE	at ( 662 ) 862-2172
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, 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_{\$125.00}\$ \text{Filing Fee} \sqrt{\sqrt{\$130.00}} \text{Filing Fee} & \text{Certificate of the following amount:}	Filing Fee & Status Certified Copy of Status & Certified Copy

## 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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
<sub>1.</sub> FLC IMPORTS, 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.")
<sub>2.</sub> MISSISSIPPI <sub>3.</sub> 20-4861287
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. MAY 11, 2006 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
NONE PER 3
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 JUO SOUTH SEKING STREET
FULTON, MS 38843
(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:
Johnny L. Crane, 508 S. Spring Street, Fulton, MS 38843
Johnny L. Crane, II, 508 S. Spring Street, Fulton, MS 38843
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:
Ceramic tile, granite/marble sale and installation
Shy 2 Crant
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

Johnny L. Crane, II

## 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.

FLC Im	ports, LLC	·
If name un	available, the alternate name to be used in the state of Florida is:	
2. The nar	ne and the Florida street address of the registered agent and office are:	SECT TALLLI
	CT Corporation System (Name)	JAN 23 P
	1200 S. PINE ISLAND RD.  Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 2: 02 OF STATE EFLORID
	PLANTATION, 33324	Sm 19

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.

James M. Halpin
Assistant Secretary

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

## State of Mississippi

#### Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

FLC IMPORTS, LLC

Formed May 11, 2006

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

508 SOUTH SPRING P.O. BOX 428 FULTON MS 38843

and that the registered agent at that address is:

CRANE, JIMMIE U.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SE SE MISSES

Given under my hand and seal of office November 12, 2008

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 10595764-1 Page 1 of 1 Reference: Verify this certificate online at https://secure.sos.state.ms.us/busserv/corp/soskb/verify.asp