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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAY 1 9 2011

EXAMINER

411-25637

COVER LETTER

Division of Corporations
SUBJECT: APPI, LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
ROBERT DARR
Name of Person
APPI. LLC
Firm/Company
1175 N.W. 17 AVE
DELLAH BEACH FLORIDA 33445 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT DARL at (561) 703-3615 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\int_{\$125.00 \text{ Filing Fee}} \$\int_{\$130.00 \text{ Filing Fee}} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{\$\frac{\$155.00 \text{ Filing Fee} & }{\text{Certified Copy}} \\ \text{\$\frac{\$160.00 \text{ Filing Fee}, Certificate }{\text{of Status & Certified Copy}}} \\ \text{\$\frac{\$160.00 \text{ Filing Fee}, Certified Copy}}



RECEIVED

11 MAY 18 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2011

ROBERT DARR 1175 NW 17 AVE DELRAY BEACH, FL 33445

SUBJECT: APPI, LLC

Ref. Number: W11000025637

We have received your document for APPI, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address andmust sign accepting the designation. Please amend your document accordingly.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 711A00011399

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FACSIMILE COVER SHEET	Panel Products	
FACSIMILE COVER SHEET	"Your Projects Start & Finish with us" Environmental U.V. Cured Finishes	
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tal pages including cover sheet: DEAR MS. HAMPTON	E-mail: RUDARR@ARCHITECTURAL PAWEL. THE LLC NAME "ARCHITEC " FROM OUR DISSOLVED GR OUR FOREIGN LIMITED	

^{* 1175} NW 17st Avenue * Deiray Beach, FL. 33445 * Tel: 561.265.0707 Fax: 561.265.4768 *

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that v		3	
Members of APPT LLC (Name of Limited	Liability Company)	,	
a limited liability company duly organized ar			
NEVADA			
(State or Country of Organization)			
Because the name of this foreign limited liab	oility company does not satisfy the		
requirements of the s. 608.406, F.S., the limit	ted liability company hereby adopts t	he	
following name to transact business in the sta	ate of Florida:		
ARCHITECTURAL PANEL PRODUC (Name to be used by limited liability company in Florida. Normany, L.L.C., or LI.C.)	NOTE: Name must end with Limited Liability	<u>—</u> ·	
Date: 5-17-201) Signature(s) of Manager(s) and/or Managing	Mambar(c):		
Signature(s) of ividinger(s) and/or ividinging)	
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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 STATE OF FLORIDA:
1 ADRI LLC
1. AP? I LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ARCHITECTURAL PANEL PRODUCTS INDUSTRIES LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-2051693 (FEI number, if applicable)
4. APRIL 7 2011 (Date of Organization) 5. PER PE TUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. A.P.P.I. LLC
1175 N.W. 17 AVE. DELPAY BEACH, FL 33445 (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:
ROBERT DARR 1175 N.W. 17 AVE, DELRAY BEACH, FL 3344 GERLINDE HOFER 1175 N.W. 17 AVE, DELRAY BEACH FL 3344
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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: GENERAL BUSINESS
SE SE
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
ROBERT W. DARR
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 name of th	e Limited L	iability Com	oany is:		
APPI	LL	<u>c</u> -	· ·		
If unavailable, the	alternate to	be used in th	e state of Flo	orida is:	
ARCHITECT	URAL I	PANEL DE	ODUCTS	INDUSTRIES	LLC
2. The name and	the Florida s	street address	of the regist	ered agent and office	are:
<u></u> -	Ro	BERT	DAR	R	
			(Name)		
	1175 I	O. ယ ၂ orida Street Add	7 AVE dress (P.O. Box	(NOT ACCEPTABLE)	
	DELR	AY BE	EACH FL City/State	33445	alkanistia di Santanana

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)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, APPI, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 7, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 26, 2011.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: 620110426-1058
You may verify this electronic certificate
online at http://www.nvsos.gov/