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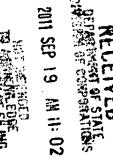
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09-19-2011

NAME:

COVERQUICK TILE, LLC

TYPE OF FILING:

APPLICATION BY FOREIGN LLC TO TRANSACT

BUSINESS IN FLORIDA

COST:

\$155

RETURN:

CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

COVER LETTER

Division of Corporations		<i>3</i> .
•		લ
SUBJECT: CoverQuik Tile, LLC		Ÿ.
Na	ame of Limited Liability Company	
	ability Company for Authorization to Transact Business in Florabove referenced foreign limited liability company to transact by	
Please return all correspondence concerning this m	natter to the following:	
Capitol Services Corpor	ate Filings Team	_
	Name of Person	
Capitol Services, Inc.		
	Firm/Company	Water-
800 Brazos, Suite 400		
	Address	
Austin, TX 78701		
	City/State and Zip Code	
brian@northstarceran	IMPORTANT: The email address	
E-mail address: (entered here will be utilized for future	
For further information concerning this matter, please call:		ANNUAL REPORT NOTIFICATIONS!
Capitol Services, Inc.	at (800) 345-4647	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section P.O. Box 6327	Registration Section Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassec, FL 32301	

S155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

Enclosed is a check for the following amount:

\$125.00 Filing Pee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. CoverQuik Tile, LLC
1. CoverQuik Tile, 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 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. Texas (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-4016436 (FEI number, if applicable)
4. November 16, 2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. n/a
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 14500 E. Beltwood Parkway, Dallas, Texas 75244-3203
(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:
Benjamin Malloy, 14500 E. Beltwood Parkway, Dallas, Texas 75244-3203
Bill Reid, 14500 E. Beltwood Parkway, Dallas, Texas 75244-3203
Luciano Quirici, 14500 E. Beltwood Parkway, Dallas, Texas 75244-3203
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:
Tile and tile setting system business.
Ku Vans
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(b), F.S., the execution of this document constitutes an affirmation under the
on accordance with section 608.408(5), F.S., the execution on this accument constitutes an amirination 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.)
BENJAMINI MALLOY
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.

ltability company at the place designated in this certificate, I hereby accept the appointment as register 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	1. The name	e of the Limited Liability Comp	any is:
2. The name and the Florida street address of the registered agent and office are: Capitol Corporate Services, Inc. (Name) 155 Office Plaza Dr Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 City/State/Zip 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 register 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	CoverQ	uik Tile, LLC	
Capitol Corporate Services, Inc. (Name) 155 Office Plaza Dr Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 City/State/Zip 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 register 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	If unavailabl	le, the alternate to be used in the	state of Florida is:
(Name) 155 Office Plaza Dr Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 City/State/Zip 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 register 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	2. The name	and the Florida street address of	of the registered agent and office are:
155 Office Plaza Dr Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 City/State/Zip 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 register 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		Capitol Corporate Servi	ces, Inc.
Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 City/State/Zip 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 register 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			(Namo)
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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 register 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		Tallahassee	FL 32301
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 register 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.			City/State/Zip
Krista Ali, Assistant Secretary on behalf	ltability comp agent and agr relating to the	any at the place designated in th ree to act in this capacity. I furth proper and complete performan	is certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nce of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.

(Signature)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CoverQuik Tile, LLC (file number 801344416), a Domestic Limited Liability Company (LLC), was filed in this office on November 16, 2010.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 16, 2011.



Hope Andrade Secretary of State