Division of Corporations Electronic Filing Cover Sheet

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(((H110002692103)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000003023 : (850)222-1092 Phone : (850)878-5368 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:						

Foreign Limited Liability Company Point Blank Intermediate Holding, LLC

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

EXAMINER

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 RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

 $_{\rm L}$ POINT BLANK INTERMEDIATE HOLDING, LLC

(Name of Foreign Limited Liability Company; must i	nclude "Limited Liability Company," "L.L.C.," or "LLC.")
	rpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
2 DELAWARE	_{3.} 37-1651332
(Jurisdiction under the law of which foreign limited liabili company is organized)	ty (FEI number, if applicable)
4. October 28, 2011 (Date of Organization)	5. PERPETUAL (Duration: Year limited Hability company will cease to exist or "perpetual")
6 UPON QUALIFICATION	
(Date first transacted business in (See sections 608,501 & 608,502	i Florida, if prior to registration.) F.S. to determine penalty liability)
7. 2100 SW 2ND STREET BUILDING	G 6B
POMPANO BEACH, FL 33069	
(Street Addı	ess of Principal Office)
 If limited liability company is a manager-manage 	ged company, check here
9. The name and usual business addresses of the m	anaging members or managers are as follows:
POINT BLANK HOLDING CORP.	
2100 SW 2ND STREET BUILDING	6B
POMPANO BEACH, FL 33069	
he jurisdiction under the law of which it is organized. (A photo ranstation of the certificate under centrof the translator must be s	
1. Nature of business or purposes to be conducted	or promoted in Florida: ANY AND ALL LAWFUL
PURPOSES	and the same of th
Mulul 9	McComer
Signature of a member or an	authorized representative of a member.
(In accordance with section 608.408(3 on affirmation under the centities of a	(), F.S., the execution of this document constitutes perjory that the facts stated herein are true ()
	AUTHORIZED REPRESENTATIVE

Typed or printed name of signce

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 the Limited Liability Compa POINT BLANK INTERMEDIATE			
If name unavailable, the alternate name to be	used in the state of Florida is:		
2. The name and the Florida street address o	of the registered agent and office are:		
CT CORPORATION SYSTEM (Name)			
1200 SOUTH PINE I	SLAND ROAD ess (P.O. Box <u>NOT</u> acceptable)		
PLANTATION	FL 33324 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 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.

Relecca Barth
(Signature)

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

INOVIL AN 9:44 SECRETARY OF STATE



PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POINT BLANK INTERMEDIATE HOLDING, 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 TENTH DAY OF NOVEMBER, A.D. 2011.

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

5058257 8300

111187519

You may verify this certificate online at corp. delaware.gov/authver.shtml

Jettrey W. Bullock, Secretary of State

DATE: 11-10-11