Division of Corporations

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To:

Division of Corporations

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From:

: DRIVER, MCAFEE, PEEK & HAWTHORNE, Account Name

Account Number : I20020000137

: (904)301-1269 Phone Fax Number : (904)301-1279

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

Email Address: jkalota@northfloridalaw.com

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Foreign Limited Liability Company American Expressions, LLC

Certificate of Status	0
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Page Count	03
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D. BRUCE

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H120000827963

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

IN COMPLIANCE WITH SECTION FOR SIR ISLANDING STATISTICS THE BOLLOWING IS STRUCTED TO RECEIVED A EXPECTAL

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. American Expressions, LL.C  (Name of Poreign 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 writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "L.C.")		
2. Delaware 3. 27-4836665		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4, March 9, 2012 5. Perpetual		
(Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual")		
6. March 9, 2012		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. 28581 HWY 195 North		
Double Springs, Alabama 35553		
(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:		
Manager: Jose S. Lantigua - 239 Jones Road, Jacksonville, Florida 32220		
TO BE IT		
DRID #5		
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 translation must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Plorida: all lawful business		
permitted under the laws of the United States and of the State of Florida		
Signature of a member or an authorized representative of a member.		
(In accordance with seaton 608.408(3), P.S., the execution of this document constitutes an affirmation under the		
penulties of purjury that the facts stated herein are true. I am aware that any false information aubmitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, P.S.)		
Jose S. Lantigua, Authorized Representative		

Typed or printed name of signee

03/29/2012

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## 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.

American Expressions, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and	office are:
Contega Business Services, LLC (Name)	office are:
One Independent Drive, Suite 1200 Florida Street Address (P.O. Box NOT ACCEPTAL	# 100 <b>3                                 </b>
Jacksonville, FL 32202	TATE ORIDA
Clty/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.

D. Jacob F. Peck, Executive Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certifled Copy (optional)

\$ 5.00 Certificate of Status (optional)

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## Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN EXPRESSIONS, 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-SIXTH DAY OF MARCH, A.D. 2012.

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

5121713 8300

120355310

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

AUTHENTY CATION: 9458529

3130323

DATE: 03-26-12