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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECREJARY OF STATE TALLAHASSEE: FLORIDA

2012 MAY 21 AH 8: 12

J. SAULSBERRY EXAMINER MAY 22 2012

COVER LETTER

| | ion of Corporations | | | |
|------------------------------|---|---|--------------------------------|------------------------|
| SUBJECT: _ | TPI, LLC | | | |
| | | Name of Limited Liability Company | | |
| The enclosed "Existence, and | 'Application by Foreign Limited L check are submitted to register th | Liability Company for Authorization to Transact Business in Florida e above referenced foreign limited liability company to transact bus | a," Certifica siness in Flo | ate of orida |
| Please return a | all correspondence concerning this | matter to the following: | | |
| | Giselle A. Paquette | | | |
| | | Name of Person | | |
| | Bernstein Shur | | | |
| | | Firm/Company | | |
| | 100 Middle St., P.O. Box 9729 | | | |
| | | Address | | |
| | Portland, ME 04104-5029 | , ALL | 2012 MAY 2 SECRETAR | |
| | | City/State and Zip Code | HAY HET | ,(|
| | gpaquette@bernsteinshur.com | City/state and Zip Code | 2- ARY | is no to correction |
| | E-mail address | s: (to be used for future annual report notification) | | |
| For further info | ormation concerning this matter, p | lease call: | AH 9: I | * Salar |
| Giselle | e A. Paquette | at (207 774-1200 | F 12 | |
| | Name of Person | Area Code & Daytime Telephone Number | - | |
| Divisi Regist P.O. E | LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| | a check for the following am 00 Filing Fee \$\int_{\text{S130.00 Filing}}\$ Certificate of \$\text{S130.00}\$ | Fee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certific | | |

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. TPI, LLC | |
|--|---|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
| TP Island, LLC | |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wr consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") | ritten / |
| 2. Maine 3. 45-5272338 | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. May 14, 2012 5. Perpetual | |
| (Date of Organization) (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. 3461 Bonita Bay Blvd., Suite 202 | 7 |
| Bonita Springs, FL 34134 | er dans |
| (Street Address of Principal Office) | T. |
| 8. If limited liability company is a manager-managed company, check here | Page Page |
| 9. The name and usual business addresses of the managing members or managers are as follows: | |
| Paul G. Coulombe, Sole Member/Manager, 3461 Bonita Bay Blvd., Suite 202, Bonita Springs, FL 34134 | |
| | |
| | |
| | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record | ds in |
| he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | |
| ranslation of the certificate under oath of the translator must be submitted.) | |
| 1. Nature of business or purposes to be conducted or promoted in Florida: | |
| Own and operate a service contra any. | |
| x tout so love | |
| - Canada | |
| Signature of a member of 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 | |

Paul G. Coulombe, Sole Member/Manager

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.)

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 Company is: | |
|--|---|
| TPI, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| TP Island, LLC | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| | 201 SE TALL |
| Paul G. Coulombe | 2 2 2 3 3 4 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
| (Name) | SEURETAR ALLAHASS |
| 3461 Bonita Bay Blvd., Suite 202 | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | AH & IZ |
| Bonita Springs _{FL} 34134 | D 12 |
| 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.

(Signature)

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

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

| We, the undersigned, do hereby certify that we are the Managers and/or Managing | |
|--|---|
| Members of TPI, LLC | |
| (Name of Limited Liability Company) | |
| a limited liability company duly organized and existing under the laws of | |
| Maine | |
| (State or Country of Organization) | |
| Because the name of this foreign limited liability company does not satisfy the | |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the | |
| following name to transact business in the state of Florida: | |
| TP Island, LLC | |
| (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) | |
| Date: May 16, 2012 | |
| Signature(s) of Manager(s) and of Managing Member(s): | - |
| Paul G. Coulombe Sole Member/Manager | |
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State of Maine





Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of formation, amendment and cancellation of articles of organization of limited liability companies and annual reports filed by the same.

I further certify that TPI, LLC is a duly formed limited liability company under the laws of the State of Maine and that the date of formation is May 14, 2012.

I further certify that on:

May 14, 2012

CERTIFICATE OF FORMATION was filed.

No further amendments have been filed to date.

I further certify that said limited liability company has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the articles of organization and that according to the records in the Department of the Secretary of State, said limited liability company is a legally existing limited liability company in good standing under the laws of the State of Maine at the present time.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this seventeenth day of May 2012.

Charles E. Summers, Jr.

Secretary of State