Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045

: (302)645-7400

Fax Number

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| | | | | | |

Foreign Limited Liability Company Sfinkx Manufacturing of Americas LLC

| Certificate of Status | 1 |
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| Certified Copy | 0 |
| Page Count | 04 |
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Corporate Filing Menu

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JAN - 4 2013

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

| Stinkx ivianuta | acturing of An | nericas LLC | 11 111 V A 11" | | · · · · · |
|---|---|--|-----------------------------------|-------------|----------------------------|
| (Name of Foreign Limited Liability Company; m | oust include "Limited | Liability Compan | ıy," "L,L,Ç:," | or "LLC:" | |
| If name unavailable, enter alternate name adopted for the onsent of the managers or managing members adopting company," "L.L.C," "LLC.") | he purpose of transact the alternate name. | ting business in F The alternate nam | lorida and atta e must include | ch a copy o | of the writte Liability |
| Delaware. | 3. | | | · . | · <u>:</u> |
| (Jurisdiction under the law of which foreign limited li company is organized) | iability | (FE) numbe | r, if applicable | :) | |
| December 13, 2012 | 5. | ре | rpetual | | |
| (Date of Organization) | (Durati | nn: Year limited I "perpetual") | ability compa | ny will cea | sc 10 |
| No business transacted in Florida prior | to registration | | gaster at the second | | ଭ |
| (Date first transacted busine (See sections 608.501 & 608. | ess in Florida, if prio | r to registration:) e penalty liability |) | ن | 3 |
| 400 Rinehart Rd, Suite 100 | | | | 7 | |
| | | | ····· | | 1 |
| Lake Mary, FL 32746 | Address of Principal | | _ | | ω g |
| If limited liability company is a manager-m | | | | | <u>ن</u> الله |
|). The name and usual business addresses of the | he managing mer | nbers or manag | ers are as fo | llows: |) . 55 |
| Sfinkx Corporation, Member | he managing mer | nbers or manag | ers are as fo | llows: | |
| | he managing mer | nbers or manag | ers are as fo | llows: | |
| Sfinkx Corporation, Member 1001 19th Street, Suite 1200 | | | ers are as fo | llows: | |
| Sfinkx Corporation, Member 1001 19th Street, Suite 1200 North Arlington, VA 22209 | | | | | |
| Sfinkx Corporation, Member 1001 19th Street, Suite 1200 | than 90 days old, dul photocopy is not acce | y authenticated by | the official hav | ing custody | |
| Sfinkx Corporation, Member 1001 19th Street, Suite 1200 North Arlington, VA 22209 0. Attached is an original certificate of existence, no more he jurisdiction under the law of which it is organized. (A proposition of the law of which it is organized.) | than 90 days old, dul photocopy is not acce st be submitted.) | y authenticated by otable. If the certifi | the official hav | ing custody | |
| Sfinkx Corporation, Member 1001 19th Street, Suite 1200 North Arlington, VA 22209 0. Attached is an original certificate of existence, no more he jurisdiction under the law of which it is organized. (A pranslation of the certificate under oath of the translator must.) 1. Nature of business or purposes to be conductive to the conductive of the certificate under oath of the translator must. | than 90 days old, dul photocopy is not acce st be submitted.) | y authenticated by otable. If the certifi | the official hav | ing custody | |

Typed or printed name of signee

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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.

| 1. The name of the Limited Liability Company is: | |
|--|--|
| Sfinkx Manufacturing of Americas 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: | |
| Lawrence Helfer | |
| (Name) | |
| 400 Rinehart Rd, Suite 100 Florida Street Address (P.O. Box. NOT ACCEPTABLE) | |
| Lake Mary, FL 32746 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. | |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) | |

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SFINKX MANUFACTURING OF AMERICAS

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 THIRD DAY OF JANUARY,

A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFINKX MANUFACTURING OF AMERICAS LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 2012.

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130009191

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

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 0114656

DATE: 01-03-13

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