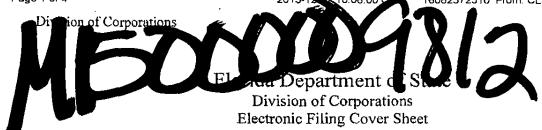
Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000288891 3)))



H150002888913ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300

Fax Number : (608)827-5501

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

Email Address:

agent Obizfilings com

15 DEC -8 AM 10: 21
SECRETARY OF STATE
ALLARIASSESSIFICATION

Foreign Limited Liability Company Diamond Brands L.L.C.

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

DEC 0 9 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu -

Help

ڡ۪

₹7,

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "DIAMOND BRANDS L.L.C." 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 NINETEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

15 DEC -8 AN 9:53
SECRETARY OF STATE

4695583 8300 SR# 20150557590 ·

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

Jeffsey VI. Warlock, Secretary of Biolic

Authentication: 10260391

Date: 10-19-15

Fox Qualt # 4150002888913

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA: Diamond Brands L.L.C. (Name of Foreign Limited Liability Company; must include "Lindted 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 wroten consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Conipany," "L.L.C," "LLC.") Delaware 27-0336405 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited fiability company is organized) 6/15/15 (Date first immsacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 3050 SW 14th Place, Unit 19, Boynton Beach, Florida 33426 (Street Address of Principal Office) 3050 SW 14th Place, Unit 19, Boynton Beach, Florida 33426 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is Member: Thomas Grindler, 3050 SW 14th Place Unit 19, Buynton Beach, Florida 33426 8. Attached is an original certificate of existence, no more than 90 days old, this authenticated by the official lawing custody of seconds in the parisdiction trader the law of which it is capanized. (A photocopy is not acceptable. If the certificate is in a fractian language, a translation of the certificate under oath of the thurslator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjuny 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 diard degree belong as provided for in \$ 817.155, F.S.) Thomas Grindler

Jax Quat # H15000 2888 91 3

Typed or printed name of signee

Fax Audit #I-T15000288891 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

If unavailab	le, the alternate to be use	ed in the state of Florida is:	
2. The name	e and the Florida street a	ddress of the registered agent and office a	ne:
	Business Filings Incorp	porated	do A
		(Name)	ECR -1
	1200 South Pine Island Road		
	Fiorida Street Address (P.O. Box NOT ACCEPTABLE)		SEE SEE
	Plantation	33324 FI. City/State/Zip	STATI
liability com registered ag statutes relai	pany at the place designa gent and agree to act in t ting to the proper and co.	ent and to accept service of process for the ated in this certificate, I hereby accept the d his capacity. I further agree to comply wit amplete performance of my duties, and I am as registered agent as provided for in Cha	appoiniment as In the provisions of all I familiar with and

Fax Audit #H15000288891 3

(Signature)

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

Mark Williams, A.V.P., Business Filings Incorporated

\$ 100.00 \$ 25.00

30.00

5.00