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Capitol Office Center
3422 Old Capitol Trail, Suite 700
Wilmington, DE 19808-6192 (USA)

Tel: 302.996.5819
Fax: 302.996.5818
Toll Free (USA & Canada, only):
Tel: 1.800.423.2993
Fax: 1.800.423.0423
E-mail: inc_info@delbusinc.com
Internet: http://www.delbusinc.com



- Delaware incorporation and Limited Liability Company (LLC) formation
- Shelf corporations always available
- Delaware Registered Agent service
- Marine incorporations
- Aircraft incorporations
- "Legal Office Address in Delaware, USA Package" (mailing address, remailing, forwarding, private Delaware phone number, fax & answering service)
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February 3, 1998

Ms. Brenda Tadlock
Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: SPECIALTY PRODUCT SOLUTIONS, LLC
File #: 7868

98 FEB 12 PM 1:16
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Secretary of State:

Please find enclosed the following documents:

- 1) Application to register a foreign corporation
 - 2) Filing Fee payment, and
 - 3) State of Delaware original document. ✓
- 400002432844--1
-02/17/98--01052--016
****232.50 ****232.50

Please return the authorization certificate or any other documents to:

Delaware Business Incorporators, Inc. 400002432844--1
3422 Old Capitol Trail, Suite 700
Wilmington, DE 19808-6192
-02/17/98--01052--017
*****52.50 *****52.50

Thank you for your prompt response to our request.

Sincerely,

Lori M. Whitlock

CORAFORL

Lori M. Whitlock

Name	<i>Whitlock</i>
Enclosure	<i>2/3</i>
Document Examiner	<i>Whitlock</i>
Updater	<i>Whitlock</i>
Updater Verifier	<i>Whitlock</i>
Acknowledgement	<i>Whitlock</i>
W. P. Verifier	<i>Whitlock</i>

Whitlock 2/13

BILLING 250.00
 C. COPY _____
 R. AGENT 35.00
 TOTAL 285.00
 BALANCE DUE \$ _____
 REFUND \$ _____

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. SPECIALTY PRODUCT SOLUTIONS, LLC
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present. Please Note: L.L.C. is not an acceptable suffix in Florida.)
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3472056
(FEI number, if applicable)
4. SEPTEMBER 12, 1997
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON AUTHORIZATION
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 6131 8TH AVENUE SOUTH
GULFPORT, FL 33707
(Street address of principal office)

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 TALLAHASSEE, FLORIDA

8. List and indicate in title space provided the name, title, and business address of each managing member[MGRM] or manager[MGR]. It is not necessary to list members.
(attach additional page if necessary)

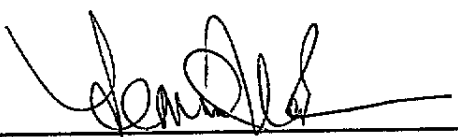
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>LEONARD NAWACI</u>	<u>Director</u>	_____	_____
<u>6131 8TH AVE S</u>	<u>MGRM</u>	_____	_____
<u>GULFPORT FL 33707</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned member or authorized representative of a member of _____
SPECIALTY PRODUCT SOLUTIONS, LLC _____ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 0
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 0. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$ 52.50 for Affidavit

**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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is: SPECIALTY PRODUCT SOLUTIONS,

2. The name and address of the registered agent and office is:

LEONARD NOWACKI

(Name)

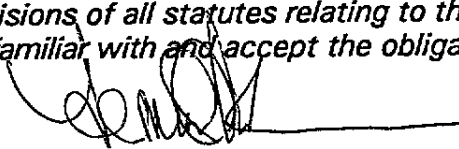
6131 8TH AVENUE SOUTH

(P.O. Box or Mail Drop Box **NOT** acceptable)

GULFPORT, FL 33707

(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.



(Signature)

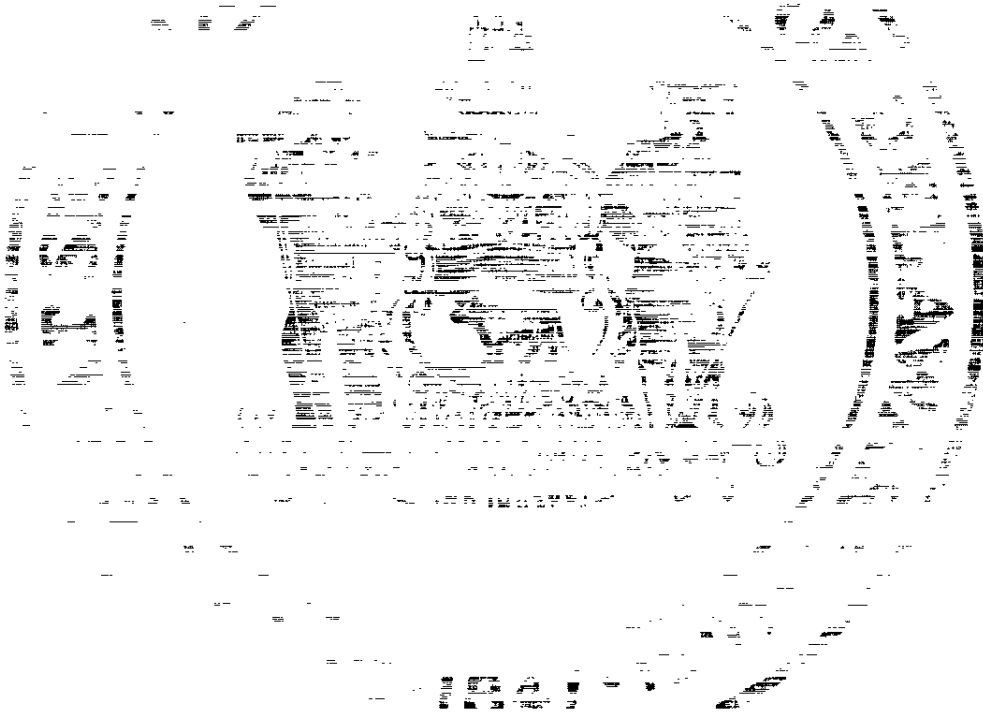
1-22-98

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECIALTY PRODUCT SOLUTIONS, 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 FEBRUARY, A.D. 1998.



Edward J. Freel

Edward J. Freel, Secretary of State

2795588 8300

8899112

AUTHENTICATION:

981042210

DATE:

02-03-98