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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAME		<u> </u>	<u> </u>
Sunshine Ace Hardware, LLC			
			pivis bivis
			SER
() Profit () Nonprofit	() Amendment	() Merger	JAN 19 PM
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	OF STATE HE DREPORATIONS
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	-
Name M99 - 7/ Availability Al 1-19	01/19/99	-	RECEIVED 99 JAN 19 PM 3:21 DIVISION OF CORPORATION
Document Examiner Updater Verifier			RECEIVED 99 JAN 19 PM 3: 21 IVISION OF CORPORATIO
Acknowledgement W.P. Verifier			ED 3:21

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:

elaware	3. 3	36-4268541	-	
(Jurisdiction under the law of whice company is organized)			plicable)	
December 3, 1998		anuary 1, 2028 (Duration: Year limited liability)	oomnany will	
(Date of Organization		ease to exist or "perpetual")	company with	
UPON FILING			VOLETICE TO	
(Date first transacted	i business in Florida.	(See sections 608.501, 608.502	and 817.155, F.S	s.)
141 9th St., North Naple	es, FL 34101		<u> </u>	
	(Street addre	ss of principal office)		
List name, title, and business	address of each m	anaging member [MGRM] o	or manager [MC	GR] who
List name, title, and business will manage the foreign limit	address of each m	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	GR] who
List name, title, and business will manage the foreign limit	address of each m	anaging member [MGRM] o	or manager [Moonal page if neo	GR] who
will manage the foreign limit	address of each m ed liability compa	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	cessary)
will manage the foreign limit NAME & ADDRESS:	address of each m ed liability compar TITLE:	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	cessary)
will manage the foreign limit NAME & ADDRESS: James Ackroyd 141 9th St., North	address of each m ed liability compar TITLE:	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	cessary)
will manage the foreign limit NAME & ADDRESS: James Ackroyd 141 9th St., North Naples, FL 34101	address of each med liability comparts TITLE: MGR	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	cessary)
will manage the foreign limit NAME & ADDRESS: James Ackroyd 141 9th St., North Naples, FL 34101 Charles Bishop	address of each m ed liability compar TITLE:	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	cessary)
will manage the foreign limit NAME & ADDRESS: James Ackroyd 141 9th St., North Naples, FL 34101 Charles Bishop Naples, FL 34101	address of each med liability comparts TITLE: MGR	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	GR] who cessary) 99 JAN 19 PM 4: 07
will manage the foreign limit NAME & ADDRESS: James Ackroyd 141 9th St., North Naples, FL 34101 Charles Bishop	address of each med liability comparts TITLE: MGR	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	cessary)
NAME & ADDRESS: James Ackroyd 141 9th St., North Naples, FL 34101 Charles Bishop Naples, FL 34101	address of each med liability comparts TITLE: MGR	anaging member [MGRM] o ny in Florida: (attach additio	onal page II nec	cessary)

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The	e undersigned member or authorized representative of a member of Sunshine Ace	Hardware,
Ţ	.L.C. certifies:	
1)	the above named limited liability company has at least two members;	
2)	the total amount of cash contributed by the member(s) is	\$ 1,000,000.00;
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$ <u>0.00</u> ;
4)	and the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 1,000,000.00
	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.) Michelle Jackson, Authorized Representative Typed or printed name of signee	SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN 19 PM 4:07

Filing Fee: \$250.00 for Application and 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 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:		
	Sunshine Ace Hardware, LLC		· <u>-</u>
2.	The name and the Florida street address of the registered agent and office are:		
	C T CORPORATION SYSTEM	_	므
	(Name)		¥SE 33
	1200 South Pine Island Road	99 JAN 19	CRETAR ION OF
	Florida street address (P.O. Box NOT ACCEPTABLE)		858
	Plantation FL 33324 (City/State/Zip)	PM 4: 07	F STATE PORATION
liabil ageni relati obl <u>i</u> g	ng been named as registered agent and to accept service of process for the above stated lity company at the place designated in this certificate, I hereby accept the appointment t and agree to act in this capacity. I further agree to comply with the provisions of all ling to the proper and complete performance of my duties, and I am familiar with and acceptations of my position as registered agent. CORPORATION SYSTEM	as rez statuto	gisierea es
	(Signature)		

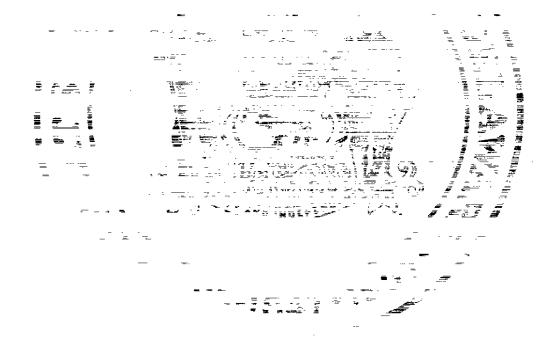
Filing Fee: \$35 for Designation of Registered Agent

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNSHINE ACE HARDWARE, 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 FOURTEENTH DAY OF JANUARY, A.D. 1999.

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





AUTHENTICATION:

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