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ACCOUNT	NO.	:	072100000032	

REFERENCE

AUTHORIZATION

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COST LIMIT : \$ 285.00

ORDER DATE: April 5, 1999

ORDER TIME: 1:49 PM

CUSTOMER NO:

ORDER NO. : 194602-005

CUSTOMER: Laurie Saccani, Legal Asst

Gibbons Del Deo Dolan One Riverfront Plaza

4800429

Newark, NJ 07102

900002832329---

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FOREIGN FILINGS

NAME:

SOUTH ATLANTIC FIRESTOP

SUPPLY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: Name 41-CERTIFIED COPY Availability\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING Document Examine: <del>PER</del>\$ON: James Guy it, aler DOC Verliye**r** T12000000PP Acimo Hedgement DCC W. P. Verifyer UUC

5 pages

## 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:

	ŧ	(Name of foreign lim	nted 1	iability company)			
. Dela			3.				
(Jurisd compa	iction under the law of which foreign ny is organized)	n limited liability	- · <del></del> -	( FEI number, if	applicable)		
Mart			5.	Perpetual	Ţς	မ္	
	(Date of Organization)	·	(T	Ouration: Year lumited hability list or "perpetual")	y company		ase t
. Upo	on Filing				ا سمد استواهد دود ده اشتاعد دود اشتاعد	₽R -	
	(Date first transacted busine	ss in Florida. (See se	ction	608.501, 608.502, and 817,1	55. F.S.)	-	П
265	Park Avenue			<del>-</del>	ب . ان کے	32	
Palm	Beach, PL 33485					ယ္	
<del></del>		(Street address of	princ	mal office)	- <u>                                    </u>	- <del>m</del>	
will mar	ne, htte, and business address nage the foreign limited liability NAME & ADDRESS:	of each managin ty company in Fi	lorid	ember[MGRM] or mana a: (attach additional pag NAME & ADDRESS:	e if nece	R]who ssary) FITLE	
will mar	NAME & ADDRESS:	ty company in Fi	lorid ]	a: (attach additional pag	e if nece	ssary)	
will mar	NAME & ADDRESS:	ty company in F	lorid ]	a: (attach additional pag	e if nece	ssary)	
will mar	NAME & ADDRESS:  Greg Slavdon  265 Park Avenue	TTILE:	lorid ]	a: (attach additional pag	e if nece	ssary)	
will mar	NAME & ADDRESS:	TTILE:	lorid ]	a: (attach additional pag	e if nece	ssary)	
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will mar	NAME & ADDRESS:  Greg Slavdon  265 Park Avenue	TTILE:	lorid ]	a: (attach additional pag	e if nece	ssary)	

#### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized represer	tative of a member of	South Atlantic
Pirestop Supply, LLC	certifies:	
	cettates.	
1) the above named limited liability company has	at least one member-	
	ar redec pito ilibility.	
		75.
2) the total amount of cash contributed by the me	mber(s) is	ES 5 5,000
3) if they the expend water of	f . m . 4.	
3) if any, the agreed value of property other than (A description of the property is attached and):	cash contributed by men	mber(s) is
and	name a part nerero.)	
4) the total amount of cash and property contribut	ed and anticipated to be	contributed
by member(s) is	_	≘≥s €3,000
(This total includes amounts from 2 and 3 above	re.)	DA 63
		•
$\bigcap_{i}$	-	
(1)		
Cross		
Signature of a member or an a	uthorized representati	ve of a member.
(În accordance with section 608.408 affidavit constitutes an affirmation u	ider the penalties of perjuty	that the facts
stated herein are true.)		
Charbel Tagher		
	printed name of siones	

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:		
South Atlantic Firestop Supply, LLC		
2. The name and the Florida street address of the registered agent and office are:		
Greg Slaydon (Name)	T SACO	99

		<u></u>	
(Name)		S	
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		׊	' 1
265 Park Avenue	70.5	1	
Florida street address (P.O. Box NOT ACCEPTABLE)		7	( T'3
	11.7		[1]
	-71	$\mathbb{R}$	
Palm Beach, PL 33480	$\mathbb{Z}^{2}$		
	<del>- 2</del> 5	ىب	
City/State/Zip		ယ	
		35	

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.

Gree Slaveen (5

Filing Fee: \$ 35 for Designation of Registered Agent

# State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTH ATLANTIC FIRESTOP SUPPLY, 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 SIXTH DAY OF APRIL, A.D. 1999.

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

99 APR -7 PM 3: 35
SECRETALLIGHTSTATE
ALL MARKETS STORINA

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04-06-99

Edward I. Freel, Secretary of State

AUTHENTICATION:

DATE: