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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 26, 1999

CT CORPORATION SYSTEM

SUBJECT: ATLAS SERVICES, LLC

Ref. Number: W99000019211

Jola Solta Services, Lic

We have received your document for ATLAS SERVICES, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name adopted in the resolution is not available.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 999A00042745

Walk-In Pick-up 8127/99

RESOLUTION

I, the undersignedmember	do hereby certify
that the Resolution of the Board of Directors of	as Services LLO 2
duly organized and existing under the laws of the	State of Delmare
m () 1 nn	
· ·	
Resolved, that ALLO Services LLC	organized and existing in the State of
hereby adopts the name SALTA SEI	RVICES, for use in Florida.
Date: 8-23-99	
Ву:	
Brad	Buss, Director of Logistics, CFO Services,
	BA Electronics, L.L.C.

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;

l.	ATLAS SERVICES,	LLC		
	me of foreign limited liability company must end apany" or their abbreviations "L.L.C." or "L.C." if			_
,	Delaware	33-079 <u>7</u> 650		
	risdiction under the law of which foreign limited upany is organized)		pplicable)	
l.	3/19/98	PER PETUAL	· · ·	
	3/19/98 5 (Date of Organization)	(Duration: Year limited liability cease to exist or "perpetual")	company will	
	Upon registration			
	(Date first transacted business in Flori	da. (See sections 608,501, 608.502	2 and 817.155, F.S.)	_
7. <u> </u>	165 Technology Drive, Irvine,	CA 92618		<u> </u>
				<u> </u>
_	·	dress of principal office)		
wil	(Street address of each I manage the foreign limited liability components.) NAME & ADDRESS: TITLE:	managing member [MGRM] of	or manager [MGR] onal page if necess TITLE:	l who sary)
wil	t name, title, and business address of each l manage the foreign limited liability components. NAME & ADDRESS: TITLE:	managing member [MGRM] of pany in Florida: (attach addition NAME & ADDRESS:	onal page if necess	l who sary)
wil	t name, title, and business address of each I manage the foreign limited liability comp	managing member [MGRM] of pany in Florida: (attach addition NAME & ADDRESS:	onal page if necess	who sary)
wil	name, title, and business address of each l manage the foreign limited liability components. NAME & ADDRESS: TITLE: VEBA Electronics, L.L.C. Management	managing member [MGRM] of pany in Florida: (attach addition NAME & ADDRESS:	onal page if necess	who sary)
wil	name, title, and business address of each l manage the foreign limited liability components. NAME & ADDRESS: TITLE: VEBA Electronics, L.L.C. Management	managing member [MGRM] of pany in Florida: (attach addition NAME & ADDRESS:	onal page if necess	who sary)
wil	name, title, and business address of each l manage the foreign limited liability components. NAME & ADDRESS: TITLE: VEBA Electronics, L.L.C. Management	managing member [MGRM] of pany in Florida: (attach addition NAME & ADDRESS:	onal page if necess	who sary) FILED 99 AIIS 27 FM 2:
wil	name, title, and business address of each l manage the foreign limited liability components. NAME & ADDRESS: TITLE: VEBA Electronics, L.L.C. Management	managing member [MGRM] of pany in Florida: (attach addition NAME & ADDRESS:	TITLE:	99 AIIS 27 P
wil	name, title, and business address of each l manage the foreign limited liability components. NAME & ADDRESS: TITLE: VEBA Electronics, L.L.C. Management	managing member [MGRM] of pany in Florida: (attach addition NAME & ADDRESS:	TITLE:	99 AIIS 27 FN 2: 1

having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

FL057 - C T System Online

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a	member of ATLAS SERVICES, LLC	
	certifies:	
1) the above named limited liability company has at least	one member;	
2) the total amount of cash contributed by the member(s)	s \$ 100,0	00,00
3) if any, the agreed value of property other than cash con (A description of the property is attached and made a p and	induted by member(s) is 5	;
4) the total amount of cash and property contributed and a by member(s) is (This total includes amounts from 2 and 3 above.)	anticipated to be contributed \$ 100,000	<u>0,0</u> 0
Signature of a member or authorize (In accordance with section 608.408(3), Flor affidavit constitutes an affirmation under the stated herein are true.)	ida Statutes, the execution of this	
Brad Buss	and authorized represer of Veba Electronics, L.L.	ntative .C.
Typed or printed n	ame of signee	-

Filing Fee: \$250.00 for Application and Affidavit 2:

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: ATLAS SERVICES, LLC
	<u> </u>
2.	The name and address of the registered agent and office is:
	C T Corporation System
	(Name)
	c/o C T Corporation System, 1200 South Pine Island Road
	(P.O. Box not acceptable)
	Plantation, Florida 33324
	(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.

D.F. HICKEY
ASSISTANT SECRETARY

7/09/99 MASSICI SI

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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 "ATLAS SERVICES, 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 THIRTIETH DAY OF JULY, A.D. 1999.

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

Edward J. Freel, Secretary of State

AUTHENTICATION:

9895840

991315565

2841858 8300

DATE:

07-30-99