Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

: CORPORATE & CRIMINAL RESEARCH SERVICES Account Name

Account Number : 110450000714

: (050)222-1173 Phone Fax Number : (850)224-1640

FOREIGN LIMITED LIABILITY COMPANY

BA ACQUISITION, LLC

Certificate of Status	A
Certified Copy	
Page Count	03°04
Estimated Charge	\$125.00
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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:

Delaware	3.	Applied for		
urisdiction under the law of which impany is organized)	foreign limited li		licable)	
September 28, 1999	5	Perpetual	_ 15	
(Date of Organization)		(Duration: Year limited liability c cease to exist or "perpetual")		
Upon qualification			<u>i</u>	
(Date first transacted b	usiness in Florid	a. (See sections 608.501, 608.502 a	ind 817.155, F.S.)	
1733 Gunn Highway			C. L.	
			ن ن	- : - د
Odessa, Florida 33556		ress of principal office)		• 57
RIARIE D. AINTEDERE	TITE	NAME & ADDRESS:	TITLE:	
NAME & ADDRESS: The North American Arche	TITLE:	NAME & ADDRESS:	TITLE:	
		NAME & ADDRESS:	TITLE:	
The North American Arche	> 1~%7	NAME & ADDRESS:	TITLE: 	
The North American Arche Group, LLC	> 1~%7	NAME & ADDRESS:	TITLE:	
The North American Arche Group, LLC 1733 Gunn Highway	> 1~%7	NAME & ADDRESS:	TITLE:	
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The North American Arche Group, LLC 1733 Gunn Highway	> 1~%7	NAME & ADDRESS:	TITLE:	
The North American Arche Group, LLC 1733 Gunn Highway	> 1~%7	NAME & ADDRESS:	TITLE:	

^{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 photocopy is not acceptable. If the certificate is in a forsign language, a translation of the certificate under oath of the translator must be submitted.)

1. The name of the Limited Liability Company is:

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORID A STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA

The name and the Florida street address of the registered agent and office are:	VΦ	9 -
C T Corporation System		### #
(Name)		
c/o C T Corporation System, 1200 South Pine Island Road	2	
Florida street address (P.O. Box NOT ACCEPTABLE)	် ယ ယ	

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 camply 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 as provided for in Chapter 608, F.S.

CT Corporation System

Francis P. Regart Assistant Scorutary

S 100.00 Filing Fee for Application

\$ 25,00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BA ACQUISITION, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1995.

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

Edward J. Freel, Secretary of State

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AUTHENTICATION:

0987952

DATE:

09-29-99