

M99000001719



ACCOUNT NO. : 072100000032

REFERENCE : 426261 5017858

AUTHORIZATION :

COST LIMIT : \$ 2430.00

Patricia Pizut
~~\$ 3696.25~~
\$2,537.50 (120)

ORDER DATE : October 21, 1999

ORDER TIME : 3:47 PM

ORDER NO. : 426261-010

CUSTOMER NO: 5017858

300003028523-0

CUSTOMER: Ms. Jody Harrison
Bulova Technologies, Inc.
101 N. Queen Street

Lancaster, PA 17603

Patricia Pizut

FOREIGN FILINGS

NAME: SPECIALTY COVERS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 28 AM 9:50

MJH

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

AUTHORIZATION IS GIVEN TO DEBIT OUR ACCOUNT FOR PENAL AND CERTIFICATION FEES.

CONTACT PERSON: Tamara Odom

RECEIVED
99 OCT 28 PM 4:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

3500.25 per filing

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 Covers LLC (Name of foreign limited liability company)

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)

3. 65-0744195 (FEI number, if applicable)

4. 3/24/97 (Date of Organization)

5. 2030 (Duration: Year limited liability company will cease to exist or "perpetual")

6. April 1997 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 12340 66th Street North, Largo, FL 33773 (Street address of principal office)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 28 AM 9:50

8. If limited liability company is a manager-managed company, check here [X]

9. The usual business addresses of the managing members or managers are as follows:

Stephen L. Gurba - 1311 Druid Road South, Belleair, FL 33756

Gary L. Shapiro - 476 Addison Park Lane, Boca Raton, FL 33432

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Distribution

Laura R. Dunlap

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

Laura R. Dunlap

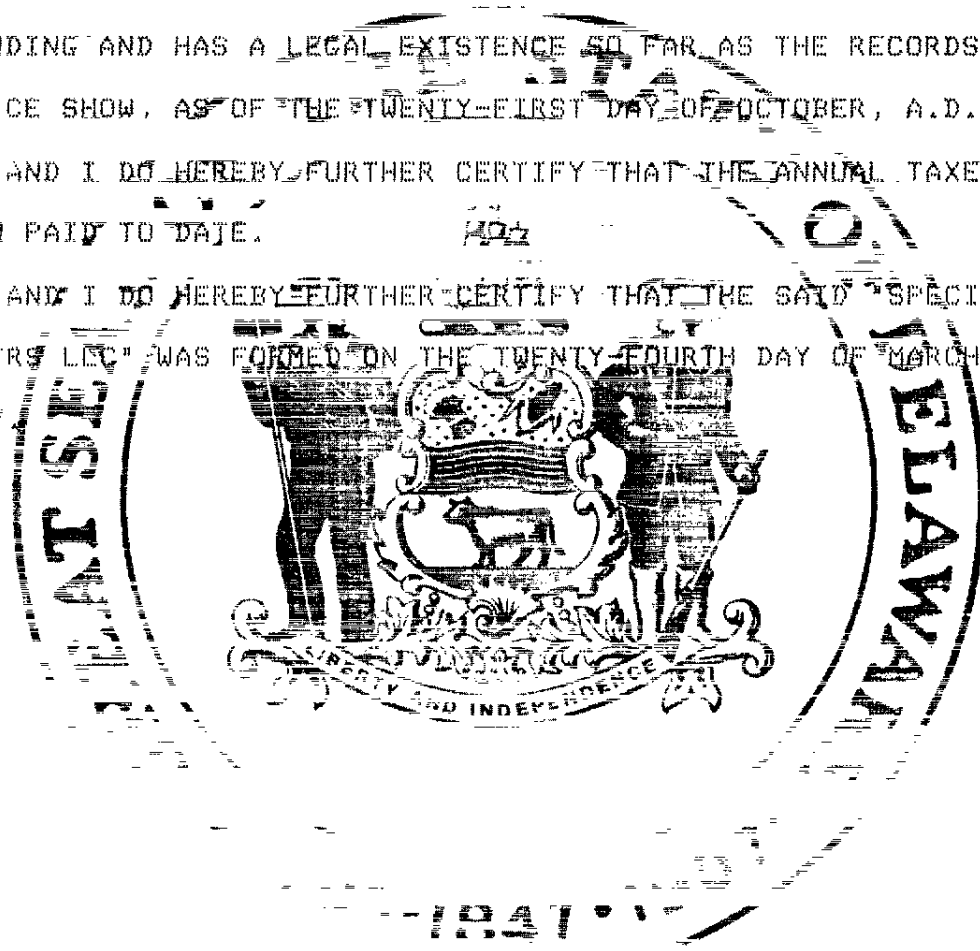
Typed or printed name of signee

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECIALTY COVERS 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-FIRST DAY OF OCTOBER, A.D. 1999.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPECIALTY COVERS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF MARCH, A.D. 1997.



Edward J. Freel

Edward J. Freel, Secretary of State

2732438 8300

AUTHENTICATION:

0039050

991446840

DATE:

10-21-99

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:

Specialty Covers LLC

2. The name and the Florida street address of the registered agent and office are:

Stephen L. Gurba

(Name)

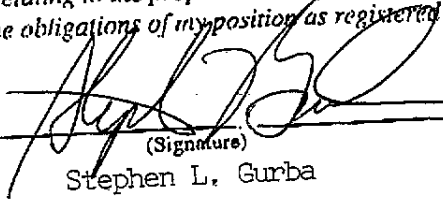
12340 66th Street North, Largo, FL 33773

Florida street address (P.O. Box **NOT** ACCEPTABLE)

FL

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 as provided for in Chapter 608, F.S.


(Signature)
Stephen L. Gurba

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

10/28/99 15:22
OCT. -28' 99 (THU) 15:47

7173973608
CSC TALLAHASSEE

BULOVA TECH LLC
TEL: 850 521 1010

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P. 002

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SPECIALTY COVERS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this twenty-eighth day of October, 1999 .

Jody L. Harrison
WITNESS

Jody L. Harrison
TYPED OR PRINTED NAME

Ronald O. Blaize
WITNESS

Ronald O. Blaize
TYPED OR PRINTED NAME

Craig Schnee
SIGNATURE

Craig Schnee
TYPED OR PRINTED NAME
Secretary