Filing Fee: \$150.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

	APPLICATION FO	OR REGISTRATION					
foi	ursuant to the provisions of Section 7-16-49 of the Genereign limited liability company hereby applies for a Certifiand, and for that purpose submits the following statement	cate of Registration to trans-	56, as amended, the undersigned act business in the state of Rhode				
1.	The name of the limited liability company is:						
	Elite Line Services, LLC						
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:						
3.	The limited liability company is organized under the law	s of Florida					
4.	The date of its organization is <mark>May 23, 2002</mark>						
5.	The period of duration of the limited liability company is (if perpetual, so state) Perpetual						
6.	The address of the limited liability company's resident agent in Rhode Island is:						
	222 Jefferson Blvd., Suite 200	Warwick	, RI 02888				
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)				
	and the name of the resident agent at such address is						
7	The acceptance of the control of the	·	of Agent)				
7.	The secretary of state is appointed the agent of the fortime there is no resident agent or if the resident agent of diligence.	preign limited liability compai cannot be found or served fo	ny for service of process if at any llowing the exercise of reasonable				
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:						
	476 Southridge Industrial Dr., Tavares, FL 32778						
G	The mailing addrage for the limited lightlift, assured to						
	in the same of the	F	ILED _				
	476 Southridge Industrial Dr., Tavares, FL 32778						
		JAN	1 2 7 2012				
		BV //e	1743 6137				

Form No. 450 Revised: 12/05

10.	Management of the Limited Liability Company:				
A.	The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)				
		<u>or</u>			
B.		empany is to be managed $\boxed{\checkmark}$ by one (1) or more managers. (If the limited liability pers at the time of the filing of these Articles of Organization, state the name and ager.)			
	<u>Manager</u>	<u>Address</u>			
<u>.G</u>	&T Conveyor Company, Inc	476 Southridge Industrial Dr., Tavares, FL 32778			
11. Th au	is application is accompanied by a cer thorized officer of the jurisdiction under	tificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.			
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.			
Date:	_1-26-10 _	Elite Line Services, LLC			
		Print Exact Name of Limited Liability Company Making Application By			
		Signature of authorized person			

State of Florida Department of State

I certify from the records of this office that ELITE LINE SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 30, 2008, effective May 23, 2002.

The document number of this limited liability company is L08000117612.

I further certify that said limited liability company has paid all fees due this office through December 31, 2010, that its most recent annual report was filed on March 24, 2010, and its status is active.

I further certify that said limited liability company has not filed Articles of Dissolution.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Fourteenth day of January, 2011

Secretary of State



Authentication ID: 000191411340-011411-L08000117612

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

