F-96000001858

TRANSMITTAL LETTER

TO: Qua	alification/Tax Lien Section		
Div	ision of Corporations		
SUBJECT:			
	(Name of con	poration - must include suffix)	
Dear Sir or	Madam:		
The enclose Florida", "C foreign corp	ed "Application by Foreign Con Certificate of Existence", and ch poration to transact business in	poration for Authorization to Transact Busi eck are submitted to register the above refe Florida.	iness in Frenced
Please retur	n all correspondence concernin	g this matter to the following:	
	Gene Maxwell	2000 -04/12/7 ******)ወ177761. 3601008004 3.75 *****78.75
	(1	Name of Person)	7, 10 - 44444 (O. 15
	RAB of LA, Inc.		
	(Firm/Company)	
	P O Box 1397		
		(Address)	
	West Monroe, LA 7	1294	
	(City/State/Zip)	
Should you r	need to call someone concerning	g this matter, please call:	
Ger	ne Maxwell	at (318) 396-13	370
	(Name of Person)	(Area Code & Daytime Telephor	e Number)
			979
COURIER A	ADDRESS:	MAILING ADDRESS: 124/15	SECRETATION OF APR
			12 12 12
Qualification/Tax Lien Sec. Division of Corporations		Qualification/Tax Lien Section Division of Corporations	25 S
409 E. Gaines St		P. O. Box 6327	
Tallahassee, FL 32399		Tallahassee ET 22214	യ് ഉപ

RAB OF LA. INC. BOARD RESOLUTION

LET IT BE RESOLVED that for the purpose of conducting business in the state of Florida, that RAB of LA. Inc. shall do so under the name of RAB Refractory of LA, Inc.

Signed this 8th day of April, 1996.

Inoni dont

Secretary

SECRETARY OF STATE DIVISION OF CORPORATION OF CORPORATION 33

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RAB of L			
abbreviations person or par	poration: must include the word *INCORPOF of like import in language as will clearly indic tnership if not so contained in the name at pre	RATED", "COMPANY","CORPORA cate that it is a corporation instead of sent.)	ATION" or words or a natural
2. Louisian	a	3. 72-1255881	
(State or country	under the law of which it is incorporated)	(FEI number, if	applicable)
4 5 1		_	
4. <u>December</u> (Date	21, 1993 of Incorporation)	5. Perpetual (Duration: Year corp. will cease)	o exist or "nemetual")
6. Upon Qua	lification	,	pulpular,
(Date first	transacted business in Florida. (SEE SECTION	s 607.1501, 607.1502, AND 817.155	, F.S.)
7. РО Вох	1397		
West Mon	roe, LA 71294		
·····	(Current mailin	g address)	
(Purpose(s) of c	al Refractory Repair & Mainten orporation authorized in home state or country	ance	
Florida)	orporation assessment and the control of country	y to be carried out in the state of	
9. Name and a acceptable)	treet address of Florida registered	agent: (P.O. Box or Mail Dr	op Box <u>NOT</u>
Name:	CT Corporation System		9 VIG
Office Address:	1200 South Pine Island Road		SECRETARY ISION OF CO
			12 SAN
_	Plantation	, Florida , 33324 (Zip Code)	ORP OR
10. Registered	agent's acceptance:	(Zip Code)	ORPORALIO:
comoration at t	med as registered agent and to accep he place designated in this application	m. I hazahu accant tha arrain	Nove state S
registerea agent	and agree to act in this capacity. I	further goree to comply with t	he provisions of
an siames reiai	ive to the proper and complete perfo bligations of my position as registere	rmance of my dulies, and I an	1 familiar with
•		Daniel R. Glatz	
	(Registered agent)	Ass't Vice President	
11 A.A1 - 1 *		<i>T</i> '	
delivery of th	a certificate of existence duly authent is application to the Department of S g custody of corporate records in the	tate, by the Secretary of State	OF Other

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable) James Russell Chairman: ___ 6585 Cypress Street Address: West Monroe, LA 71291 Director Ross Armstrong 6585 Cypress Street West Monroe, LA 71291 Address: ___ Glenn Bendily Director: _____ 6585 Cypress Street West Monroe, LA 71291 Address: _____ Guy Armstrong Director: ____ 6585 Cypress Street West Monroe, LA 71291 Address: ____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) James Russell President: ____ 6585 Cypress Street West Monroe, LA 71291 Address: Vice President: Ross Armstrong Address: _____ 6585 Cypress Street West Monroe, LA 71291 Glenn Bendily Secretary: __ Address: 6585 Cypress Street West Monroe, LA 71291 Guy Armstrong Treasurer: ____ 6585 Cypress Street West Monroe, LA 71291 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) James Russell President

(Typed or printed name and capacity of person signing application)



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As Tecretary of State, of the State of Louisiana, I do hereby Certify that

RAB OF LA., INC.

A Louisiana corporation domiciled at West Monroe,

Filed charter and qualified to do business in this State on December 22, 1993,

I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State.

I further certify that this Certificate is not intended to reflect the financial condition of this corporation since this information is not available from the records of this Office.

DIVISION OF CORPORATIONS

In testimony whereof, I have hereunto sol my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 18, 1996

Jox W! Killen

CBU

Secretary of State

