| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | · #)      |
| PłCK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | ocument Number)   |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
| :                       |                   |           |
|                         |                   |           |
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Office Use Only



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SECRETARY OF STATE
OR A CONTROL OF STATE

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**3** MASON

## **COVER LETTER**

| TO: Registration Section Division of Corporations                           | · • •                                 | g Araba 🕌 🙀   |
|---|---------------------------------------|---|
| ž <b>,</b>  |                                       |   |
| SUBJECT: Forge Group No<br>Name of Foreign                                  | cth America<br>Limited Liability Comp | any   |
| Dear Sir or Madam:  |                                       |   |
| The enclosed application, certificate and fee(s) ar                         | e submitted for filing.               |   |
| Please return all correspondence concerning this                            | matter to the following:              |   |
| Olesia Stasko   | -                                     |   |
| Olesia Stasko Name of Person  |                                       |   |
| DRA Taggart Inc.  |                                       |   |
| Je irm/Company  |                                       |   |
| 4000 Town Center Blu<br>Address   | <u>.d</u>                             |   |
| Address   |                                       |   |
| Canonsburg, PA 15317 City/State and Zip Code                                |                                       |   |
| City/State and Zip Code   |                                       |   |
| Olesia. Stasko @ DRATIO<br>E-mail address: (to be used for future annual re | eport notification)                   |   |
| For further information concerning this matter, p                           | lease call:                           |   |
|   | (                                     | - 9710  |
| Name of Person  | Area Code & Daytim                    | ne Telephone Number                                     |
| STREET/COURIER ADDRESS: Registration Section                                |                                       | ING ADDRESS: ation Section                              |
| Division of Corporations  | Divisio                               | n of Corporations                                       |
| Clifton Building  |                                       | ox 6327   |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301                  | i aiiana                              | assee, Florida 32314                                    |
| Enclosed is a check for the following amount:                               |                                       |   |
| □ \$25 Filing Fee  □ \$30 Filing Fee & Certificate of Status                | □ \$55 Filing Fee & Certified Copy    | \$60 Filing Fee, Certificate of Status & Certified Copy |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

### **SECTION I (1-4 must be completed)**

|  | ny as it appears on the  | records of th  | e Florida De  | partment of  |
|--|--|--|---|--|
| State: Forge Grou  | P North A  | merica,  | LLC   |  |
| 2. The Florida document number of this   | limited liability compa  | any is: M  | 2 0000  | 01206  |
| 3. Jurisdiction of its organization: P   | ennsylvania  |  |   |  |
| 4. Date authorized to do business in Flo   | orida: 05/09/2   | 002  |   |  |
| SECTION II (5-9 complete only the a  | pplicable changes)   |  |   |  |
| 5. New name of the limited liability con   | mpany: DRA must contain "Lim   | Taggart<br>ited <b>Libb</b> lity Con                                       | pany, ""L.L.C.  | ," or "LLC.")  |
| (If name unavailable, enter alternate name adopted for consent of the managers or managing members adopted Company," "L.L.C." or "LLC.") |  |  |   |  |
| 6. If amending the registered agent and/<br>the new registered agent and/or the new  |  |  | ecords, e <u>nter</u>   | the name of  |
| Name of New Registered Agent:  |  |  |   |  |
|  |  |  | <del>-</del>  |  |
| •  | En   | ier Florida Street A   | ldress  |  |
| New Registered Office Address:   |  |  |   |  |
| New Registered Office Address:  —  | Ciry   |  | idress<br>Florida   | Zip Code   |
| •  | City  nanging Registered Ag  stered agent and agree  s relative to the prope  of the obligations of my  this document is being  rm that the limited liab | ent: to act in this r and comple y position as tiled to mere bility compan | Florida capacity. I j te performan registered as ty reflect a co y has been n | further agree<br>ace of my<br>gent as<br>change in the<br>otified in |

| Title/ Capacity | <u>Name</u>   | Address  | Type of Action  |
|-----------------|---|--|---|
|                 |   |  | Add   |
|                 |   |  | Remove  |
|                 |   |  | Add   |
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|                 |   |  | Remove  |
|                 |   |  | Add   |
|                 |   |  | □ Remove  |
| aforementioned  | amendment(s), duly authentice the law of which this entity  Nelssa Signature of  Mel:ssa Typed or print | than 90 days old, evidencing the cated by the official having custo is organized.  Carlobburg the audiorized representative  ruzz: - Englebburg and name of signed  Fee: \$25.00 | dy of records in the  2015 SEP -3 A 10: 40  SECRETARY OF STATE  AND LAHASSEE, FLORID. |

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/18/2015

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

DRA Taggart, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the commonwealth

Certification Number: TSC150818141959-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS 401 NORTH STREET, ROOM 206 P.O. BOX 8722 HARRISBURG, PA 17105-8722 WWW.CORPORATIONS.STATE.PA.US/CORP

DRA Taggart, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT <u>WWW.CORPORATIONS.STATE.PA.US/CORP</u> OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 2916199

Englesberg, Melissa Struzzi 4000 Town Center Blvd, Suite 200 Canonsburg, PA 15317

Entity #: 2916198
Date Filed: 07/30/2014
Carol Alchele
Secretary of the Commonwealth

## PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

## Certificate of Amendment-Domestic

(15 Pa.C.S.) Limited Partnership (§ 8512) ★ Limited Liability Company (§ 8951) Document will be returned to the Name Melissa Struzzi Englesberg name and address you enter to the left. 4000 Town Center Blvd., Suite 200 Commonwealth of Pennsylvania LIMITED LIABILITY AMENDMENT 4 Page(a) Canonsburg, PA 15317 Fee: \$70 In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that: I. The name of the limited partnership/limited liability company is: Forge Group North America, LLC 2. The date of filing of the original Certificate of Limited Partnership/Organization: January 1, 2000 3. Check, and if appropriate complete, one of the following: X The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows: Effective upon this filing, the name of the company shall be DRA Taggart, LLC The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof. 4. Check, and if appropriate complete, one of the following: X The amendment shall be effective upon filing this Certificate of Amendment in the Department of State. The amendment shall be effective on .-Date

PA DEPT. OF STATE

JUL 3 0 2014

| he resisted Certificate of Limite Partnership/Organization and all | d Partnership/Organization supersedes the original Certificate of Limite previous amendments thereto.  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  | IN TESTIMONY WHEREOF, the undersigned limit partnership/limited liability company has caused this Certificate of Amendment to be executed this |
|  | 29 day of July 2014.   |
|  | /  |
|  |  |
|  |  |
|  | Forge Group North America, LLC   |
|  | Name of Limited Partnership/Limited Liability Com  |
|  | Thelessa to Gardenberg   |
|  | Secretary  |
|  | Occident,  |