M10000003876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000183105400

memo-00457-D
Debit Memo #

07/14/10--01014--018 **160.00

09/01/10--01003--002 **175.00

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2010 AUG 31 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Sept. 1, 2010
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2010

KATHLEEN KING / SAPA EXTRUSIONS LLC
400 ROUSER RD., STE. 300
CORAOPOLIS, PA 15108

SUBJECT: SAPA EXTRUSIONS LLC
Ref. Number: W10000033352

Memo #: 00457-D

This letter is to inform you that your check number 243 for $160.00, which was dated July 2, 2010 and submitted for SAPA EXTRUSIONS LLC has been returned to us by your bank because of ALTERED/FICTITIOUS.

We are notifying you because our records indicate that the paperwork for SAPA EXTRUSIONS LLC has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of $175.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: CAROLYN LEWIS
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6900.

Michelle Milligan
Administrative Assistant II
Bureauof Commercial Recording

Letter Number: 010A00018570

cc:KATHLEEN KING / SAPA EXTRUSIONS LLC
AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAPA EXTRUSIONS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Kathleen King
Name of Person

Sapa Extrusions LLC
Firm/Company

Airport Office Park, Building 2, 400 Rouser Road
Address

Moon Township, PA 15108
City/State and Zip Code

kathy.king@elkem.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy King at (412) 299-7218
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy ☒ $160.00 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2010

KATHLEEN KING / SAPA EXTRUSIONS LLC
AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

SUBJECT: SAPA EXTRUSIONS LLC
Ref. Number: W10000033352

We have received your document for SAPA EXTRUSIONS LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 810A00017226

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:

1. SAPA EXTRUSIONS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

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

3. 56-2643776
(FEI number, if applicable)

4. 02/20/07
(Date of Organization)

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

6.
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. Airport Office Park, Building 2, 400 Rouser Road, Moon Township, PA 15108
(Street Address of Principal Office)

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8. If limited liability company is a manager-managed company, check here ☑

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

Please see attachment.

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: Sale of aluminum extrusions products

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.)

Peter P. VanderVelde, Manager
Typed or printed name of signee

SAPA EXTRUSIONS LLC

MANAGERS

TIMOTHY STUBBS
CHAIRMAN
AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

TODD PRESNICK
AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

PETER P. VANDER VELDE
AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

ROBERT RUBICKY
AIRPORT OFFICE PARK, BUILDING 2
400 ROUSER ROAD
MOON TOWNSHIP, PA 15108

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:

Sapa Extrusions LLC

If unavailable, the alternate to be used in the state of Florida is:

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

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TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM
(Name)

1200 SOUTH PINE ISLAND ROAD
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION FL 33324
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, Florida Statutes.

Curt Kr Curt Kreisel, Asst. Secretary
(Signature)

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAPA EXTRUSIONS, 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-EIGHTH DAY OF JUNE, A.D. 2010.

Jeffrey W. Bullock, Secretary of State

4303765 8300

100682033

AUTHENTICATION: 8082316

DATE: 06-28-10

You may verify this certificate online at corp.delaware.gov/authver.shtml