M10000003876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
14 JAN 29 AM 10:51

FILED
14 JAN 29 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 04 2014

T. BROWN

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 976783 5017647

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE : January 27, 2014

ORDER TIME : 9:06 AM

ORDER NO. : 976783-060

CUSTOMER NO: 5017647

FOREIGN FILINGS

NAME: SAPA EXTRUSIONS, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX___ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

9767 83

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

CSC
SUSIE KNIGHT
TALLAHASSEE, FL

RESUBMIT
Please give original submission date as file date

SUBJECT: SAPA EXTRUSIONS LLC
Ref. Number: M10000003876

We have received your document for SAPA EXTRUSIONS LLC and the authorization to debit your account in the amount of $25.00. However, the document has not been filed and is being returned for the following:

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 414A00002077

2014 FEB -3 AM 10:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sapa Extrusions, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula L. Robinson
Name of Person

Bryan Cave LLP
Firm/Company

211 N. Broadway, Ste. 3600
Address

St. Louis, MO 63102
City/State and Zip Code

paula.robinson@bryancave.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula L. Robinson at (314) 259-2663
Name of Person — Area Code & Daytime Telephone Number

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

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

CR2E055 (12/13)

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Sapa Extrusions, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 08/31/2010

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14 JAN 29 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Managing Member: Sapa Extrusions, Inc.

9600 W. Bryn Mawr Ave., Suite 250, Rosemont, IL 60018

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Sapa Extrusions, Inc.

By: _____

Signature of Manager, Managing Member or Member

Jacquelyne Belcastro, Secretary

Typed or printed name of signee

Filing Fee: $25.00