F/6000000365

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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01/26/16--01015--007 **78.75

DEPARTMENT OF S

K.SALY EXAMINER JAN 27

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 Tall From 844-541-6792

Toll Free: 844-541-6792
DATE: 1-26-16 (WALK IN)
ENTITY NAME: CONTINENTAL Steel, Inc
PLEASE FILE THE ATTACHED AND RETURN:
Plain Copy
Certified Copy
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:
Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
APOSTILLE'/NOTARIAL CERTIFICATION:
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 18.75
CHECK NUMBER:
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS
MATTER.
Thank you!
Thank you! Tina Goff, President

COVER LETTER

TO:	Registration Sec				
	Division of Cor	•			
CTIDI		al Steel, Inc.			
SUDJ	ECT:	Name	of corporation	- must include suffix	
		ranc	or corporation	- must metude sumx	
Dear S	Sir or Madam:				
"Certi		e," or "Certificat	e of Good Stan	Authorization to Transac ding" and check are sub- ss in Florida.	
	return all corresp r Compliance	ondence concerr	ning this matter	to the following:	
			Name of I	Person	
Harbo	r Compliance			4.55.	
			Firm/Com	pany	
48-50	W. Chestnut St., St	e 301	,		
			Addre	ec	
Lancas	ster, PA 17603		Addre	ao	
			City/State ar	nd Zip code	
twstee	l4@yahoo.com				
		E-mail addres	s: (to be used f	or future annual report n	otification)
For fu	rther information	concerning this i	natter, please c	all:	
Harbo	r Compliance		717	723-9317	
	Name of Person	n	at (Area Code	Daytime Telepl	none Number
	Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle , 32301		MAILING Al Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclo	sed is a check for	the following an	nount:		
□ \$7	0.00 Filing Fee	\$78.75 Fili Certificate		\$78.75 Filing Fce & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

(Enter name of co	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,	,,
Continental Stee	l of Idaho, Inc.		
(If name unavaila	ble in Florida, enter alternate corporate name adop	ted for the purpose of transacting	business in Florida)
Wyoming		1634771	
(State or country 5/16/2012	under the law of which it is incorporated)	(FEI number, if app	licable)
	of incorporation) 5.		
(Date	of incorporation)	(Date of duration if other t	nan nametual)
	•	(Date of duration, it other ti	ian perperuar)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	rida, if prior to registration)	
24 Ponderosa Roa	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, ad, Salmon, ID 83467 (Principal o	rida, if prior to registration)	
24 Ponderosa Roa	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, ad, Salmon, ID 83467 (Principal o	rida, if prior to registration) F.S., to determine penalty liability ffice address)	y)
24 Ponderosa Roa P.O. Box 1005, S	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, ad, Salmon, ID 83467 (Principal o	rida, if prior to registration) F.S., to determine penalty liability ffice address) dress, if different)	2016 JAN 2
24 Ponderosa Roa P.O. Box 1005, S	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, ad, Salmon, ID 83467 (Principal o almon, ID 83467 (Current mailing ac	rida, if prior to registration) F.S., to determine penalty liability ffice address) dress, if different)	2016 JAN 26 SECTE FARY FALLAHASSE
24 Ponderosa Roa P.O. Box 1005, S Name and stree Name:	(Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, ad, Salmon, ID 83467 (Principal of almon, ID 83467 (Current mailing act address of Florida registered agent: (P.O. B	rida, if prior to registration) F.S., to determine penalty liability ffice address) dress, if different) ox NOT acceptable)	2016 JAN 26 AM 9: SECRETARY OF STALLAHASSEE, FLO
24 Ponderosa Roa P.O. Box 1005, S Name and stree	(Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, ad, Salmon, ID 83467 (Principal of almon, ID 83467 (Current mailing act address of Florida registered agent: (P.O. B	rida, if prior to registration) F.S., to determine penalty liability ffice address) dress, if different) ox NOT acceptable)	2016 JAN 26 AM SECRETARY OF TALLAHASSEE. F

Having been named as registered agent and to accept service of process for the ab-

designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> Bill Havre/Secretary/Registered Agents Inc. (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: Address: Address: A. DIRECTORS Chairman: Address: Address: Address: Address: A. DIRECTORS Constant of the content of the c
Chairman: Address: Address:
Address: TALLAHASSFE TLORID.
- CONID,
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Sam Jackson President:
351 Crossing Blvd. #213 Address:
Orange Park, FL 32073
Tim Jackson
24 Ponderosa Road Address:
Salmon, ID 83467
Lisa Tomlin
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary four may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitute
a third degree felony as provided for in s.817.155, F.S.
Tim Jackson, Vice President 13. (Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Continental Steel, Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **May 16, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000622403**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of January, 2016 at 1:18 PM. This certificate is assigned 019333531.



Secretary of state

FILED

2016 JAN 26 AM 9: 43

ALLAHASSEE FLORIDE

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.