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COVER LETTER

TO: Registration Section Division of Corporations			
Ellis Steel Company, I	nc.		
SUBJECT:	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Stand	ding" and check are subr	
Please return all correspondence co Stephanie Vandenbranden	oncerning this matter	to the following:	
**************************************	Name of F	Person	·
Ellis Steel Company, Inc.			
7384 Hwy 45 North Alt, P.O. Box 816	Firm/Comp	pany	
	Addre	ss	
West Point, MS 39773			7016 TALL
Stephanie.Vandenbranden@EllisSteel	City/State an	nd Zip code	AHA DEC
E-mail a	ddress: (to be used for	or future annual report no	otification 70-4
For further information concerning	this matter, please ca	all:	
Stephanie Vandenbranden	662 at (494-5955	SDE 51
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a check for the following	ng amount:		
	5 Filing Fee & Greate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Ellis Ste	el Company, Inc.			
(Enter name of co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	,	
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)	
2. Missis	551 DD1 3.	64-0640425		
(State or country	y under the law of which it is incorporated)	(FEI number, if appl	icable)	
4. livgust	5.			
(Date	of incorporation)	(Date of duration, if other th	an perpetual)	
6	(Date first transacted business in I	lorida, if prior to registration)		
Whal	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liability)	
7 <u>. 7384</u>	Hwy 45 North Alt		NS 39773	
DA B	(Principal	office address)	7A 28	
1º.0.100	Ox 8/G, West Moint,	address, if different)	NLL ASECONO	
	(Caren manag	indicos, it differenty	ETA ETA	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	SEE SEE	
Name:	CT Corporation System		P P	
Office Address:	1200 South Pine Island Road		ORID ORID • 5:	
Office Addiess.	Plantation	, Florida <u>33324</u>) () () () () () () () () () (
	(City)	(Zip code)		
9. Registered ag	ent's acceptance:			
Having been nam	ied as registered agent and to accept servic	e of process for the above stated	corporation at the p	lace
further agree to c	s application, I hereby accept the appointm comply with the provisions of all statutes re	lative to the proper and complete	e to act in this capac e performance of my	ity. I
duties, and I am j	familiar with and accept the obligations of	my position as registered agent.		
	Μ			
	Tiwle C	haunonal		
	(Registered as	gent'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.

11. Name	s and business addresses of officers and/or directors:			
A. DIRE	CTORS			
Chairman:	N/A			
Vice Chair	man:			
ridatess				
Director:				
		· · · · ·		
Address: _		<u></u> <u>.</u>		
<u>-</u>		·		
Director: _				
Address: _				
-		<u> </u>		
B. OFFI				
President:	Frank Hopper	<u> </u>	201	
Į.	P.O. Box 816	<u> </u>	30 St	<u>_U</u>
,	West Point, MS 39773	IAS.	C 2	-
Vice Presid	Bill Yates	338	2 +	[77]
	P.O. Box 456	T (5)	-}• -0	U
_	Philadelphia, MS 39350	PAGE A	5	
Secretary:	Brandon Dunn			
•	P.O. Box 456, Philadelphia, MS 39350			
	Brandon Dunn			
Treasurer:	P.O. Box 456, Philadelphia, MS 39350			
Address: _				
NOTE: I	f pecessary, you may attach an addendum to the application listing additional officers a	nd/or dir	rectors.	
12	Signature of Director or Officer			
are true an	or or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Department of the Dep			
_	Hopper, President			

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



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 9th day of July, 1980, the State of Mississippi issued a Charter/ Certificate of Authority to

ELLIS STEEL COMPANY, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said ELLIS STEEL COMPANY, INC. is in good standing at this time.

Given under my hand and seal of office the 20th day of December, 2016

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16031502

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx