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195-2080845 From: Ranae McGraw

1/4/2017

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**TIGER-SUL PRODUCTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$763.75

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SECRETARY OF MIL  
ALLAHASSEE, FLORIDA

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STATE OF TEXAS  
COUNTY OF DALLAS

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Electronic Filing Menu

Corporate Filing Menu

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 04-04-17

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

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1/9/2017 11:40:06 AM PAGE 1/001 Fax Server

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*



January 9, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: TIGER-SUL PRODUCTS LLC  
REF: W17000001482

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H17000002245  
Letter Number: 217A00000433

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

P.O BOX 6327 - Tallahassee, Florida 32314

\*\*\*PLEASE HONOR ORIGINAL DATE 01-04-17\*\*\*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tiger-Stl Products 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:

Maegan M Stevens

\_\_\_\_\_  
Name of Person

Bartlit Beck Herman Palenchar & Scott

\_\_\_\_\_  
Firm/Company

1899 Wynkoop Street, Suite 800

\_\_\_\_\_  
Address

Denver, CO 80202

\_\_\_\_\_  
City/State and Zip Code

maegan.stevens@bartlit-beck.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Maegan Stevens

303 592-3152  
at ( )

\_\_\_\_\_  
Name of Contact 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

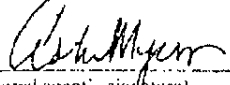
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Tiger-Sul Products 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. December 8, 2016  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2 Corporate Drive, Suite 545  
Shelton, CT 06484  
(Street Address of Principal Office)
6. \_\_\_\_\_  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: C.T. Corporation System  
 Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
 (City) (Zip code)

**Registered agent's acceptance:**

*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 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.*

  
(Registered agent's signature)

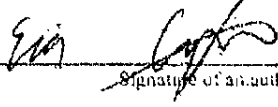
**8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

Eric Crawford, Manager

200 Filmore Street, Suite 200

Denver, CO 80206

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Eric Crawford, Authorized Person

Typed or printed name of signer

**FILED**  
2017 JAN 4 A 10:53  
SECRETARY OF STATE  
OF FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "TIGER-SUL PRODUCTS 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 THIRD DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
PAID TO DATE.



3913033 8300

SR# 20170028420

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201808641

Date: 01-03-17