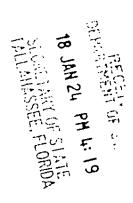
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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J. LEGGETT VAN 25 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

XXXX QUALIFICATION (TYPE: CO)

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 037802 7123111

AUTHORIZATION : 7123111

COST LIMIT : \$ 70.00

ORDER DATE : January 24, 2018

ORDER TIME : 3:46 PM

ORDER NO. : 037803-005

CUSTOMER NO: 7123111

FOREIGN FILINGS

NAME: LVR, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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.

LVR, Inc.		•	
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	۸٬
LVR Refrac	tories Inc.		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)
Pennsylvania 2.	3 2	32016108	
(State or country under the law of which it is incorporated) 12/09/1976			
(Date of incorporation) (Date first transacted business in Fl			
75 W. 21 Street:	(SEE SECTIONS 607.1501 & 607.150 P.O. Box 187; Northampton, PA 18067 (Principal	• •	
	(v.map	,	
	(Current mailing	address, if different)	·
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	FILED JAN 24 M
Office Address:	1201 Hays Street		₩ 8 0 1/2 8 0
	Tallahassee (City)	32301	₩ 0
	(City)	(Zip code)	
designated in this further agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of t	nt as registered agent and agr ative to the proper and comple	ree to act in this capacity. I ete performance of my t.
C B	orpolation Service Company y: \(\text{U} \text{C} \))	Roxanne Turner Asst. Vice President
_	(Registered ag	ent'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. Names and business addresses of officers and/or directors: A. DIRECTORS Gary C Peterson Chairman: P.O. Box 187 Northampton, PA 10767 Address: __ Robert P Replogle Vice Chairman: P.O. Box 187 Northampton, PA 18067 Address: **B. OFFICERS** GARY C PETERSON President: PO BOX 187 NORTHAMPTON PA 18067-0187 Address: ROBERT REPLOGLE Vice President: _ PO BOX 187 NORTHAMPTON PA 18067-0187 Address: Secretary: DONALD F PETERSON Treasurer: PO BOX 187 NORTHAMPTON PA 18067-0187 NOTE: If necessary, you may attact/ 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 constitutes a third degree felony as provided for in s.817.155, F.S.

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

KORERT /

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

01/24/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LVR, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180124090335-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify