

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.

(((H12000191117 3)))



H120001911173ABCX

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444

**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 **FLOMET LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

12 JUL	DIVISION
.26	7,2
3	2 2
4: 2 3	SIME
ယ	

B. KOHR

JUL 25 2012

EXAMPER Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

EMILED LABIERT COME ANT TO TRUESACT BUMINESS IN THE STATE OF TEXAULTA.
FLOMET 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 and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC."
2. Delaware 3.
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. 06/30/2011 5. Perpetual
4_ 06/30/2011
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing of this application
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 810 Flightline Boulevard
DeLand, Florida 32724
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 🗹
9. The name and usual business addresses of the managing members or managers are as follows:
Quadrant Metals Technologies LLC
810 Flightline Boulevard, DeLand, Florida 32724
•
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Own and operate
a metal injection molding manufacturing and sales business
Kolit A Park
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)
Robert L. Marten, Authorized Representative

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of FLOMET L	the Limited Liability Comp	oany is:			
If unavailable, th	he alternate to be used in the	e state of Florid	a is:		
2. The name an	d the Florida street address	of the registered	i agent and office are:		
	JAMES J	. HOCTOR			
		(Name)			
	215 NOR	TH EOLA DRIV	<u>re</u>		
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	ORLANDO	FL	32801		
		City/State/Zip	,		

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

JAMES J. HOCTOR

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLOMET 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 TWENTY-SIXTH DAY OF JULY, A.D. 2012.

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

5004696 8300

120874528

AUTHENTY CATION: 9736359

DATE: 07-26-12

You may verify this certificate online at corp. delaware.gov/authver.shtml