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.

(((H120002545373)))



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:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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 Wilsonart LLC

السبيان المراضي المساحد المراضي	
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

Help 0CT 2 3 2012

10/22/2012

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/05

CT CORPORATION

8656336092

10/22/2015 15:38

COVER LETTER

JECT: Wilsonart LLC	Name of Limited Liability Company	
	ted Liability Company for Authorization to Transact Business	
tence, and check are submitted to regist	ter the above referenced foreign limited liability company to t	ransacz business in Plonda.
se return all correspondence concerning	this matter to the following:	
N	Angel Avalos Jr.	
	Name of Person	
	9117 . 1. PA 1 921 . N. P.	
	Illinois Tool Works Inc. Firm/Company	
	Filtin Company	
	3600 West Lake Avenue	<i>⊒</i> :1
	Address	
•		
	Glenview, Illinois 60026	OCT 22 CREIARY LAHASSE
	City/State and Zip Code	
	•	
	veushing@itw.com	co ?
E-mail add	dress: (to be used for future annual report notification)	
wther information concerning this mate	er, please call:	29
		A
Angel Avalos Jr.	at (847) 657-4294	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Talishassee, PL 32301	

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:

1. Wilsoner (Nam	e of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
•	
consent of th	valiable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte te managers or managing members adopting the alternate name. The alternate name must include "Limited Liability "L.L.C," "LLC.")
2. Delaware	3. 37-1699313
	on under the law of which foreign limited liability (FEI number, if applicable) a organized)
4. <u>08/09/20</u>	12 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qu	alification
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)
_	2400 Wilson Place, P.O. Box 611, Temple TX 76503
7	## Q
	62 N
	(0-2000-0-2000)
8. If limite	ed liability company is a manager-managed company, check here
9. The nar	ne and usual business addresses of the managing members or managers are as follows:
Wilsons	nt Midco LLC, 2400 Wilson Place, P.O. Box 611, Temple, TX 75503
	•
<u></u> .	
	·
	is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in n under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	the certificate under onth of the translator must be submitted.)
	of business or purposes to be conducted or promoted in Florida:
	manufacturing of high pressure laminate
Sales and	manufacturing of night pressure namente
	The Wolfman
	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.)
	Susan W. Simpson
	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.

Wilsonart LLC	ne Limited Liability Company is:			
If unavailable, the alternate to be used in the state of Florida is:				
2. The name and	the Florida street address of the registered agent and office are:			
	C T Corporation System (Name)			
	1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)			
-	Plantation FL 33324 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 M. Halpin

By: (Signature) Assistant Secretary

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

Delaware

PACE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "WILSONART 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 SIXTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO BEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WILSONART LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2012.

5196374 8300

121003029

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

AUTHENTICATION: 9826187

DATE: 09-06-12