# M1200006327

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

SECRETARY OF STATE

#### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Signature Hardware, 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:   |
| Aaron Schwartz  |
| Name of Person  |
| Signature Hardware, LLC   |
| Firm/Company  |
| 1108 Center Rd  |
| Address   |
| Rogersville, MO 65742   |
| City/State and Zip Code   |
| aschwartz@midammetal.com  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Aaron Schwartz at (417 ) 753-5252   |
| Name of 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:  \$\Begin{array}{c} \text{S130.00 Filing Fee} \text{S130.00 Filing Fee} \text{Certificate of Status} \end{array} \text{S155.00 Filing Fee} \text{Certified Copy} \text{S160.00 Filing Fee, Certificate of Status} \text{Certified Copy} \text{S160.00 Filing Fee} Certified |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"  (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and att consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.") | ach a copy                           | y of the | writte:<br>ity |  |  |
|--|--------------------------------------|----------|----------------|--|--|
| 2. Missouri 3. 43-1945725  |                                      |          |                |  |  |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)  | e)                                   |          |                |  |  |
| 4. June 7, 2001 5. Perpetua!   |                                      |          |                |  |  |
| 4. June 7, 2001  (Date of Organization)  5. Perpetual  (Duration: Year limited liability comparation or "perpetual")   | ıny will ce                          | ase to   |                |  |  |
| <sub>6.</sub> 01/01/2013   |                                      |          |                |  |  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |                                      |          |                |  |  |
| 7. 1108 Center Rd.   |                                      | W 12     |                |  |  |
| Rogersville, MO 65742  |                                      | ÀG       |                |  |  |
| (Street Address of Principal Office)   | <u>26, 36-</u><br>20, 243<br>20, 243 | <u></u>  | - Section      |  |  |
| 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 for  | ollows:                              | <u>5</u> |                |  |  |
| William D. Johnson-1108 Center Rd. Rogersville, MO 65742/ Nick McCarty 1108 Center Rd Rogers   | sville, MO                           | 65742    |                |  |  |
| Michael T. Dowling-1108 Center Rd. Rogersville, MO 65742   |                                      |          |                |  |  |
| Johannes Lopez-1108 Center Rd. Rogersville, MO 65742   |                                      |          |                |  |  |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for translation of the certificate under oath of the translator must be submitted.)                    |                                      |          | ords in        |  |  |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Wholesale   | distribu                             | ution    |                |  |  |
|  |                                      |          |                |  |  |
| warehouse of Doors + Door Hardware  Annel Schworte   |                                      |          |                |  |  |
| 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 sul  | mitted 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 of signee

Aaron Schwartz

#### 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 the Limited Liability C      | ompany is   | <b>i</b>            |  |               |
|---|-------------|---------------------|--|---------------|
| Signature Hardware, LLC.                    |             |                     |  |               |
| If unavailable, the alternate to be used in | n the state | of Florida is:      |  |               |
|   |             |                     |  |               |
| 2. The name and the Florida street addr     | ess of the  | registered agent    | and office are:  |               |
|   |             |                     |  |               |
| Tyler L. Cafferty                           | Şiye.       | :                   |  |               |
| <del></del>                                 |             | lame)               |  |               |
| 5631 NW 118th Dr                            |             |                     |  |               |
| Florida Street                              | Address (P  | O. Box NOT ACC      | PTABLE)  |               |
| Coral Springs                               |             | <sub>FL</sub> 33076 | 5<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | <b>2</b> 元 59 |
|   | Ci          | ty/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.

(Signature)

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

### STATE OF MISSOURI



Robin Carnahan Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

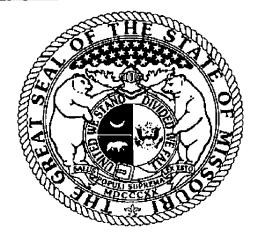
#### SIGNATURE HARDWARE, L.L.C. LC0051770

was created under the laws of this State on the 7th day of June, 2001, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 7th day of November, 2012

n Camahan

Secretary of State



Certification Number: 15019261-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp