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SECRETARY OF STATE

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CR2E027 (9/10)

☐ \$125.00 Filing Fee

Certificate of Status

COVER LETTER

TO:	Registration Section
	Division of Corporations

Metro Mold & Design, 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

Please return all correspondence concerning this ma	itter to the following:	
Channon MacE	achern	
	Name of Person	
Halleland Habio	ht PA	
	Firm/Company	
33 South 6th St	reet, Suite 39	900
	Address	
Minneapolis, Mi	N 55402	
	City/State and Zip Code	
cmaceachern@	hallelandhab	icht.com
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	se call:	
Katheryn Gettman	_{at} 612	836-5507
Name of Person	Area Code & Daytime	
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 Ci Tallahassee, FL 32301	rcle
Enclosed is a check for the following amou		ng Fee & □ \$160.00 Filing Fee, Certificate

Certified Copy

of Status & Certified Copy

· 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 TRANS	ACT BUSINESS IN THE STATE OF FLORIDA:
_{I.} Metro Mold & Design, LLC	
(Name of Foreign Limited Liability	Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name consent of the managers or managing mem Company," "L.L.C," "LLC.")	adopted for the purpose of transacting business in Florida and attach a copy of the written abers adopting the alternate name. The alternate name must include "Limited Liability
_{2.} Minnesota	3.
(Jurisdiction under the law of which fore company is organized)	eign limited liability (FEI number, if applicable)
, October 18, 2006	_{5.} Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5	
(Date first trai (See sections 60	nsacted business in Florida, if prior to registration.) 08.501 & 608.502 F.S. to determine penalty liability)
7. 20600 County Road 81	<u> </u>
Rogers, MN 55374	
	(Street Address of Principal Office)
3. If limited liability company is a r	manager-managed company, check here
The name and usual business ad-	dresses of the managing members or managers are as follows:
Timothy S. Holland, Pre	esident, 20600 County Road 81, Rogers, MN 55374
Gregory A. Heinemann	, CFO, 20600 County Road 81, Rogers, MN 55374
	tence, no more than 90 days old, duly authenticated by the official having custody of records in organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a e translator must be submitted.)
1. Nature of business or purposes	to be conducted or promoted in Florida: Customized, comprehensive manufacturing
services to domestic and international custom	ers, including design, project management, quality assurance, fulfillment and distribution services.
Signature of	a member or an authorized representative of a member.
(In accordance with section 6	08.408(3), F.S., the execution of this document constitutes an affirmation under the
	facts stated herein are true. I am aware that any false information submitted in a ent of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Heinemann, CFO

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.

 The name of the Limited Liability Company 	pany is:	y Compan		ынисеа	HE	name or	1116	Ι.
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Metro Mold & Design, LLC

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:

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

, 3332²

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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

FILED

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SECRETARY OF STATE

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Metro Mold & Design, LLC

Date Filed: 10/18/2006

File Number: 2060215-3

Minnesota Statutes, Chapter: 322B

Home Jurisdiction: Minnesota

This certificate has been issued on: 04/16/2013

Mark Ritchie
Mark Ritchie

Secretary of State State of Minnesota