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Foreign Limited Liability Company White Distribution, LLC

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COVER LETTER

	ation Section n of Corporations				
SUBJECT: W	nite Distribution, 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:					
	Dianna Wood				
Name of Person					
	Bryan Cave LLP				
Firm/Company					
	3800 One Kansas City Place, 1200 Main Street				
	Address				
Kansas City, MO 64108					
City/State and Zip Code					
dlwood@bryancave.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dianna	Name of Person at (816) 374-3292 Name of Person Area Code Daytime Telephone Number				
	Name of Person Area Code Daytime Telephone Number				
Division Registra P.O. Bo	NC ADDRESS: In of Corporations It is in of Corporations It is in of Corporations It is in of Corporations Registration Section It is in of Corporations Registration Section Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301				
	check for the following amount: .00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy				

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: White Distribution, 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 written 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 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) clo White Aluminum Products, LLC, 2101 US Highway 441, Leesburg, FL 34748 (Street Address of Principal Office) c/o White Aluminum Products, LLC, 2101 US Highway 441, Leesburg, FL 34748 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Address: c/o White Aluminum Products, LLC William Dorman, Member 2101 US Highway 441, Leesburg, FL 34748 c/o White Aluminum Products, LLC Address: Naveen Kumria, Member 2101 US Highway 441, Leesburg, FL 34748 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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.) Signature of an authorized person (in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perfury 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.) Naveen Kumria

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	the Limited Liability Compa	inv is:	
	tribution, LLC		記すて
If unavailable, t	he alternate to be used in the	state of Florida is:	BSEE, FLO
2. The name an	d the Florida street address o	f the registered agent and offic	e are:
	CT	Corporation System	
		(Name)	
	1200 S	outh Pine Island Road	_
	Florida Street Addr	C14 (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL ³³³²⁴	
		City/State/Zip	
liability company agent and agree relating to the probligations of my CTC By:	y at the place designated in th to act in this capacity. I furth roper and complete performa	o accept service of process for the is certificate, I hereby accept the eragree to comply with the pronce of my duties, and I am familias provided for in Chapter 608,	e appointment as registered visions of all statutes ar with and accept the

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 100.00 Filing Fee for Application

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "WHITE DISTRIBUTION, 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 EIGHTH DAY OF JANUARY, A.D. 2014.

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

5459138 8300

140021419

You may verify this certificate onling

Jeffrey W. Bullock, Socretary of State

DATE: 01-08-14