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(Parwastada Nama)			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
KATHER Warrington BAVE			
AUTHORIZATION BY PHONE TO			
DATE 11414			
DOC. EXAM			

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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	CT: American Silica Holdings, LLC Name of Limited Liability Company				
The enc Existence	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:					
	Kathleen WARRINGTON Name of Person				
	American Silica Holdings, LLC Firm/Company				
	P. O. Box 68				
	Address				
	BROOKSville FL 34605 City/State and Zip Code				
	Kathi. + bf@ amail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
	Day Cook at (813) 313-6/00 Name of Contact Person at (813) 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				
Enclos	ed is a check for the following amount: □ \$125.00 Filing Fee				

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:			
1. American Silica Holding Company, "LLC." or "LLC." (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")			
2 Del AUIARE 3 47-1925715			
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-192 5765 (FEI number, if applicable)			
4. N/A $E_S =$			
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5 24010 Dean Dun Rossy ille Cl zun			
P. O. Box 68 (Street Address of Principal Office) BROOKS UTIVE, FL 34605 Same (Mailing Address)			
(Street Address of Principal Office)			
6BROOKSUITE, PL 3460S 5m 0.			
(Mailing Address)			
(Maring Address)			
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:			
THOMAS E BRONSON, 24060 DEER RUN, BROOKSville, FL 34601 CHIEF EXEC PRESID			
DAN Cook, 280 Sunset Drive Brooksville, FL 34601 V.P.			
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 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.)			
THOMAS E. BRINSON			
Typed or printed name of signee			

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:	
AMERICAN !	SILICA HOLDINGS, LLC
If unavailable, the alternate to be used in the state of	Florida is:
2. The name and the Florida street address of the reg	gistered agent and office are:
THOMAS (Nam	E. Bronson
`	DEER RUN RD BOX NOT ACCEPTABLE)
BROOKSUI //e_	FL 3460/ State/Zip
Having been named as registered agent and to accept liability company at the place designated in this certif registered agent and agree to act in this capacity. I fustatutes relating to the proper and complete performa accept the obligations of my position as registered agostatutes.	Sicate, I hereby accept the appointment as wrther agree to comply with the provisions of all nce of my duties, and I am familiar with and
(Signature)	Amin SECHEL ANDV
\$ 25.00 Design	Fee for Application nation of Registered Agent ied Copy (optional)

5.00

Certificate of Status (optional)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN SILICA HOLDINGS, 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 FOURTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN SILICA HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2014.

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

5609662 8300 141367346



AUTHENTICATION: 1833516

DATE: 11-04-14

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