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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 205-8842

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

Cmail i	Address:	

Foreign Limited Liability Company ALL METAL ACQUISITIONS, LLC

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, 7	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: All Metal Acquisitions, LLC	
Nar	ne of Ulmited Liability Company
The enclosed "Application by Foreign Limited Lia Existence, and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this m	atter to the following:
Lori Senn	
	Name of Person
	Firm/Company
631 Travelers Rest Road	
	Address
Samson, AL 36477	
	City/State and Zip Code
lari.senn@outlook.com	_
E-mail uddres	s: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
Lori Senn	mt (334) 348-6521 Area Code Daytinic Telephone Number 1
Name of Contact Person	Area Code Daytinic Telephone Number
MAILING ADDRESS; Division of Corporations	SIRFET VIDERSS
Registration Section	Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

□ \$155.00 Filing Fee & Certified Copy

of Status & Centilist Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

All Metal Acquisitions, LLC	•
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	,
I name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limisbility Company," "LLC," or "LLC,")	, sited
Alabama 3, 47-2122023	
(PEI number, if applicable)	
11/24/2014 (Date first transacted business in Florida, if prior to registration.)	-
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
631 Travelors Rest Road	_
Samson, AL 36477	-
(Street Address of Principal Office)	
631 Travelers Rest Road	
Samson, AL 36477	
(Mailing Address)	•
. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
. The name, one of capacity and address of the person(s) who has have addressly to manage to ac-	
Villiam H Cerr, Manager, Post Office Box 312044, Enterprise, AL 36331	
	-
	<u>.</u>
Assessed to an existent and Contract of existence and many then CO designed duty outbantiented by the of	Sainl
. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off aving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	
cceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the trans	slator 🚗
nust be submitted)	
Diller h. Can	· - F
Della n. Car gara	ហ 🔭
Signature of an authorized person	
In occurdance with section 605.0203, F.S., the execution of this document constitutes an officeration under the penalties of perjury that the facts shield he was the facts which the facts wh	elo mertrue. I
	′ 🛱 📑
William H Carr Corn	Ü
Typed or printed name of signee	****

1. The name of the Limited Liability Company is:

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.

			· · · · · · · · · · · · · · · · · · ·
2. The name	e and the Florida street address	of the registered agent and office are	:
	C T Corporation System		
		(Namc)	
	1200 South Pine Island Road		
	Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
	Plantation	[F]_33324	
	· · · · · · · · · · · · · · · · · · ·	City/State/Zip	
statutes rela accept the o	gent and agree to act in this cap ting to the proper and complete	this certificate, I hereby accept the appacity. I further agree to comply with performance of my duties, and I am Jistered agent as provided for in Chapt	the provisions of all amiliar with and
statutes rela	gent and agree to act in this cap ting to the proper and complete bligations of my position as regi CT Corporation System 1	pacity. I further agree to comply with performance of my duties, and I am fo	the provisions of all amiliar with and
statutes rela accept the o	gent and agree to act in this cap ting to the proper and complete bligations of my position as regi	pacity. I further agree to comply with performance of my duties, and I am fo	the provisions of all amiliar with and er 605, Florida Kimberly Steinmetz
statutes rela accept the o	gent and agree to act in this cap ting to the proper and complete bligations of my position as regi CT Corporation System 1	pacity. I further agree to comply with performance of my duties, and I am for istered agent as provided for in Chapter of the complete of the	the provisions of all amiliar with and
statutes rela accept the o	gent and agree to act in this capting to the proper and complete bligations of my position as region as re	pacity. I further agree to comply with performance of my duties, and I am for istered agent as provided for in Chapter agent agen	the provisions of all familiar with and fer 605, Florida Kimberly Steinmetz Vice President & Assistan
statutes rela accept the o	gent and agree to act in this capting to the proper and complete bligations of my position as region as re	pacity. I further agree to comply with performance of my duties, and I am faistered agent as provided for in Chaptanaure) Filing Fee for Application Designation of Registered Agent Certified Copy (optional)	the provisions of all familiar with and fer 605, Florida Kimberly Steinmetz Vice President & Assistan

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that All Metal Acquisitions, LLC was formed in Coffee County, Alabama on September 11, 2014. The Alabama Entity Identification number for this entity is 318-072. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

7/14/2015

Date

X.W. Muill

John H. Merrill

Secretary of State