

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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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 ful annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company JOHNSON SPECIALTY TOOLS, LLC

Certificate of Status	0
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Corporate Filing Menu

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Registration Section

TO:

COVER LETTER

Division	of Corporations			
JOH SUBJECT:	INSON SPECIAL	ry tools, LLC		
		Name of	Limited Liability Company	
				ransact Business in Florida," Certificate of ity company to transact business in Florida
Please return all co	orrespondence con	cerning this matter to the	following:	
		N	ame of Person	
	C T Corporation S	lystem		
•		F	rm/Company	<u></u>
			Address	
•		City/\$	tate and Zip Code	
-	E	-mail address: (to be used	for future annual report no	otification)
For further inform	ation concerning th	is matter, please call:		
	Name of C	ontact Person	at () Area Code Da	ytime Telephone Number
Division Registrati P.O. Box	G ADDRESS: of Corporations on Section		STREE Division Registra Clifton 2661 Ex	T ADDRESS: 1 of Corporations 1 tion Section Building 1 tecutive Center Circle 1 tissee, FL 32301
Enclosed is a chec	O Filing Fee 🔲	amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, 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:

	ign Limited Liability Company; must include "Limited Liability Com	pany," "L.L.C.," or "LLC.")	
ability Company," "L.L.C,"	ternate name adopted for the purpose of transacting business in Florida or "LLC.")	a. The alternate name must in	nclude "Limited
Texas	3	mber, if applicable)	
company is organized)	of which foreign limited liability (FEI nu	moer, it applicable)	
	(Date first transacted business in Florida, if prior to registratio (See sections 605.0904 & 605.0905, F.S. to determine penalty lit	n.) ability)	
400 West Oak, Suite 20)1		
Denton, TX 76201			. 9
	(Street Address of Principal Office)		9 15
P.O. Box 38	· · · · · · · · · · · · · · · · · · ·		
Justin, TX 76247			- Its markets
	(Mailing Address)		Autoria de la
Name and street address	s of Plorida registered agent: (P.O. Box NOT acceptable)	्राज्य ।	> <u>j i j</u>
Name:	C T Corporation System	JORID.	ه سي
Office Address:	1200 South Pine Island Road		1 0
	Plantation . Florida	33324	
	(City)	(Zip code)	
signated in this applicate complywith the provisio	gistered agent and to accept service of process for the above stion, I hereby accept the appointment as registered agent and complete performance of all statutes relative to the proper and complete performance of a complete pe	agree to act in this capact unce of my duties, and I a	ity. I further ag
Į,	(IceRiptored aRent 2 aiRnatate)		
Į,			
	city and address of the person(s) who has/have authority to man	age is/arc:	
	city and address of the person(s) who has/have authority to man West Oak, Suite 201, Denton TX 76201	age is/arc:	
		age is/arc:	***
		age is/arc:	<u></u>
Craig Johnson, Manager 400 V	West Oak, Suite 201, Denton TX 76201		
Craig Johnson, Manager 400 V	West Oak, Suite 201, Denton TX 76201 of existence, no more than 90 days old, duly authenticated by th	e official having custody	 of records in th
Craig Johnson, Manager 400 V	West Oak, Suite 201, Denton TX 76201 of existence, no more than 90 days old, duly authenticated by the of which it is organized. (If the certificate is in a foreign language)	e official having custody	 of records in th ificate under oa
Craig Johnson, Manager 400 V Attached is a certificate orisdiction under the law o	West Oak, Suite 201, Denton TX 76201 of existence, no more than 90 days old, duly authenticated by the of which it is organized. (If the certificate is in a foreign language)	e official having custody	 of records in th ificate under or
Craig Johnson, Manager 400 V Attached is a certificate orisdiction under the law o	West Oak, Suite 201, Denton TX 76201 of existence, no more than 90 days old, duly authenticated by the of which it is organized. (If the certificate is in a foreign language)	e official having custody	 of records in th ificate under oa
Attached is a certificate or risdiction under the law of the translator must be sufficiently december the document is executed.	of existence, no more than 90 days old, duly authenticated by the of which it is organized. (If the certificate is in a foreign language bmitted)	ne official having custody ye, a translation of the cert am aware that any false in	ificate under os

11/18/2015 2:35:35 PM From: To: 8506176383(4/4)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

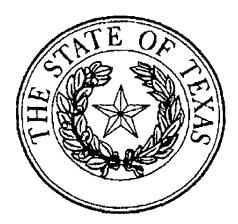
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Johnson Specialty Tools, LLC (file number 802110017), a Domestic Limited Liability Company (LLC), was filed in this office on December 02, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 04, 2015.



Cull -

Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

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