MECON FIT

(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:

Office Use Only



000279517140

11/30/15--01032--018 **130.00

FILED

15 NOV 30 PN 5: 02

SECRETARY OF STATE
TAILAHASSEE, FLORIDA

DEC 01 2015

S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporat	ions				
SUBJ		Bradford Products of Nevada				
3000		Name of	Limited Liability	Company		
		Foreign Limited Liability Com tted to register the above refe				
Please	return all correspondence	e concerning this matter to the	e following:			
	Mark Miller					
		1	Name of Person			
	InSteel LLC					
		F	Firm/Company			
	2101 Enterpo	rise Dr NE				
			Address			
	Leland NC 2	8451				
		City/s	State and Zip Code	;		<u> </u>
	mmiller@wate					置る
For fu	rther information concern	E-mail address: (to be use ning this matter, please call:	ed for future annua	l report no	tification)	JANY OF S
	Mark Miller	e of Contact Person	910 at (Area Code	202-52)		5: 02 LORIDA
	MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>S:</u> ons	Area Code	STREET Division Registrat Clifton E 2661 Exc	rytime Telephone North Telephone North Telephone North Telephone State of Corporations Social Social State of Corporation Secutive Center Circsee, FL 32301	
Enclos	sed is a check for the follows 125.00 Filing Fee	owing amount: \$\forall \forall \foral	☐ \$155.00 Fili Certified Copy	-	☐ \$160.00 Filin of Status & Cer	ng Fee, Certificate tified 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 COMPANYTO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter a	alternate name adopted for the purpose	e of transacti	ng business in Florida, The alternate na	me must include "Limi
Liability Company," "L.L.C	," or "LLC.")	, or warman	and the state of t	
2. State of Nevac	ia	3	20-8883628	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable	2)
4,			·	
	(Date first transacted busines (See sections 605.0904 & 605.	ss in Florida	, if prior to registration.)	
5 InSteel LLC	(=====================================	*****	, were the permity manage	
010177	NT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***
2101 Enterprise Drive	(Street Address of P	ringinal Off		
6. InSteel LLC	-	·	•	型品の
,				- E2 s
2101 Enterprise Drive				三 芸二 9
	(Mailing A	ddress)		- SS 30
Name and street addres	ss of Florida registered agent: (P.0	Э. Вох <u>NC</u>	Tacceptable)	E Of -
Name:	CT Corporation			
•	1200 South Pine Island Road Su	ite 250	***************************************	물리 경
Office Address:	D1-4-4:		15010	200
	Plantation		, Florida	_
Registered agent's accep	(City)		(Zip code)	
lesianated in this applica	tion, I hereby accept the appointn ons of all statutes relative to the p	nent as reg roper and	istered agent and agree to act in the complete performance of my duties	is capacity. I further , and I am familiar t
o complywith the provision	ny position as offistered effent. MANA WELD	<u>(</u>	· ·	-
to complywith the provision accept the obligations of n	ny position as registered aftent. (Register	red agout's s	· .	-
to complywith the provision accept the obligations of the obligations of the control of the cont	ny position as offistered aftent. (Register and address of the person(s) v	_	· .	
to complywith the provision accept the obligations of the obligations of the control of the cont	ny position as offistered aftent. (Register and address of the person(s) v	_	· .	-
to complywith the provision accept the obligations of the obligations of the control of the cont	ny position as offistered aftent. (Register and address of the person(s) v	_	· .	- -
to complywith the provision accept the obligations of notice the obligations of notice the name, title or capa Kelly Corcoran,, Managin 2101 Enterprise Dr	ny position as offistered aftent. (Register and address of the person(s) v	_	· .	-
to complywith the provision accept the obligations of the accept the obligations of the accept the name, title or capa Kelly Corcoran,, Managin 2101 Enterprise Dr	ny position as offistered aftent. (Register and address of the person(s) v	_	· .	
8. The name, title or capa Kelly Corcoran, Managin 2101 Enterprise Dr Leland NC 28451 O. Attached is a certificate our sidiction under the law of	(Register of the person(s) vog Member of existence, no more than 90 days of which it is organized. (If the certification)	who has/hav	ve authority to manage is/are: authenticated by the official having on a foreign language, a translation of	
8. The name, title or capa Kelly Corcoran, Managin 2101 Enterprise Dr Leland NC 28451	(Register of the person(s) was Member of existence, no more than 90 days of which it is organized. (If the cere	who has/hav	ve authority to manage is/are: authenticated by the official having on a foreign language, a translation of	

Typed or printed name of signee

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **INSTEEL**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 10, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 4, 2015.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20151104-0168
You may verify this electronic certificate
online at http://www.nvsos.gov/