## MILOCOOUS

(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



300281909623

02/11/16--01013--031 \*\*155.00

2016 FEB | | A 9 40 SECRETARY OF STATE ALL-AHASSEET LORIDA

> FEB 12 2016 D. BRUCE

## HONIGMAN

Gayle C. Aiken

(313) 465-7208 Fax: (313) 465-7209 gaiken@honigman.com

Honigman Miller Schwartz and Cohn LLP Attorneys and Counselors

Via FedEx

February 10, 2016

Florida Division of Corporations Registration Section 2661 Executive Center Circle Tallahassee, FL 32301

Re: Total Trim, LLC

Dear Sir/Madam,

Enclosed for filing are the following:

- 1. Cover Letter
- 2. One original and one copy of Application by Foreign Limited Liability Compfor Authorization to Transact Business in Florida for Total Trim, LLC:
  - 3. Delaware Good Standing Certificate.
  - 4. Our check in the amount of \$155.00 to cover the filing and certified copy fee.

Please return the filed document with one certified copy to the undersigned.

If you have any questions or problems with regard to this request, please contact Gayle Aiken at (313) 465-7208.

Thank you for your assistance.

Very truly yours,

HONIGMAN MILLER SCHWARTZ AND COHN LLP

 $\triangleright$ 

Gayle C. Aiken

Paralegal

**Enclosures** 

## **COVER LETTER**

Division o	f Corporations					
Total	Trim, LLC					
Name of Limited Liability Company						
	ication by Foreign Limited Liability C k are submitted to register the above re					
Please return all co	respondence concerning this matter to	the following:				
	Bayle Aiken					
Name of Person						
Honigman Miller Schwartz and Cohn LLP						
Firm/Company						
•	60 Woodward Ave., Suite 2290			7A cr 20		
Address						
1	Detroit, MI 48226			HASSE I	Si con ten su Characteria	
_	Ci	ty/State and Zip Code	e	FILE CONTRACTOR		
gca@honigman.com						
_	E-mail address: (to be	used for future annua	il report notification	) 3 5		
For further informa	ion concerning this matter, please call	:		<b>&gt;</b>		
Gayle Ail	en	313 at (	465-7208			
<del></del>	Name of Contact Person	Area Code	Daytime Te	lephone 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			
	for the following amount:  Filing Fee	& \$155.00 Fili		50.00 Filing Fee, Certus & Certified Copy		

TO:

**Registration Section** 

## 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:

Total Trim, LLC			
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.,	or "LLC.")
(If name unavailable, enter al	ternate name adopted for the purpose of trans	sacting business in Florida. The alternate	name must include "Limited
Liability Company," "L.L.C,"	or "LLC.")		
2. Delaware		81-0875565	
company is organized)	of which foreign limited liability	(FEI number, if applica	.ble)
4			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.) S. to determine penalty liability)	
5. 1990 Larsen Road			
Green Bay, WI 54303			<del></del>
	(Street Address of Principal	Office)	<del></del>
6. 1990 Larsen Road			
Green Bay, WI 54303			7 <u>8</u> 8
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	表 B
	C T Corporation System	<u></u>	555 -
Name:		······································	
Office Address:	1200 South Pine Island Road	<del></del>	
	Plantation	, Florida 33324	<del>2</del>
D	(City)	(Zip code)	<b>一意</b> 思
Registered agent's accept Having been named as re	unce: gistered agent and to accept service of p	rocess for the above stated limited li	ability company at the place
	ion, I hereby accept the appointment as		
	ons of all statutes relative to the proper a ny position as registered agent.	ina complete perjormance oj my au	nes, ana 1 am jamular wiin ar
	C T Corporation System  By:	Jan Mil	<i>:</i> /\
	(Registered ager	it's signature) / Tomes Holo	$\mathcal{A}$
o mi		V Games	
· · · · · · · · · · · · · · · · · · ·	city and address of the person(s) who has	s/nave authority to manage is/are:	
US LBM Holdings, LLC,	Manager		P-V
1990 Larsen Road, Green	Bay, WI 54303		
9. Attached is a certificate	of existence, no more than 90 days old, d of which it is organized. (If the certificate	uly authenticated by the official havi	ng custody of records in the
of the translator must be su		is in a tolergii language, a translation	tor the certificate ander oath
	Signature of an aut		
	Signature of an aut	horized person	,
This document is executed submitted in a document to	in accordance with section 605.0203 (1) the Department of State constitutes a thir	(b), Florida Statutes. I am aware that d degree felony as provided for in s.8	any false information 117.155, F.S.
	Gayle Aiken	- •	
	Typed or printed na	me of signee	

**Delaware** 

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TOTAL TRIM, 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOTAL TRIM, LLC"

WAS FORMED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2015.

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

THE OF THE PARTY O

Authentication: 201742950

Date: 01-28-16

5888092 8300