Note: Please print this page and use it as a cover sheet. Type the fax audit number (show below) on the top and bottom of all pages of the document.

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will generate another cover sheet:																

To:

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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

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### Foreign Limited Liability Company ALUFASE USA, L.L.C.

Certificate of Status	0
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3/21/2016 9:33:21 AM From: To: 8506176383( 2/4 )

### COVER LETTER

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SUBJEC	CT:	ALUFASE USA	, L.L.C.					
			Name of	Limited Liability C	Company		,	
			eign Limited Liability Com d to register the above refer					
Please ro	cturn al	l correspondence c	oncerning this matter to the	following:				
		EMILIO ALV	AREZ SANZ				5 FALS	
		Name of Person						
		ALUFASE US	۸, L.L.C.				16 MAR 21 AM 9: 33	
		Firm/Company						
		6060 Brookglen Dr., Suite B						
	Address							
		Houston, Texas	s 77017				AN 9: 33	
			City/S	State and Zip Code			•	
		calvarez@alufas					_	
			E-mail address: (to be use	d for future annual	report not	ification)		
For furth	er info	rmiation concernin	g this matter, please call:					
	EMIL	JO ALVAREZ SA	713 at (	910-56	00			
		Name o	f Contact Person	Area Code	Day	time Telephone Number	•	
	Divisi Regist P.O. E	LING ADDRESS: on of Corporations ration Section 30x 6327 hassee, Fl. 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed		heck for the follow 25.00 Filing Fee	ing amount:    \$130.00 Filing Fee & Certificate of Status	S155,00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co		

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

IN COMPLIANCE WITH SECTION 605.0002, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ALUFASE USA, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "F.L.C.," or "T.LC.")

2 TEXAS  (Jurisdiction under the law of which foreign limited liability  (Date first timbsacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 6060 Brookglen Dr. Suite B  Houston, Texas 77017  (Street Address of Principal Office)  6. 6060 Brookglen Dr, Suite B  Houston, Texas 77017  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (City)  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability condesignable the provisions of all statutes relative to the proper and complete performance of my duties, and 1 accept the obligations of my position as registered agent.  By: (Registered agent's signature)  (Registered agent's signature)  (Registered agent's signature)  Registered agent's signature)  (Registered agent's signature)		ted
(City)  Registered agent's acceptance:  Having been named as registered agent and to accept the appointment as registered agent and agree to act in this capaa to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the abligations of my position as registered agent.  By:  (Registered agent's signature)  Registered agent address of the person(s) who has/have authority to manage is/are:  EMILIO ALVAREZ SANZ, General Manager, 6060 Brookglen Dr, Suite B, Houston, TX 77017  ANTONIO LORENZO MORANTE, Authorized Agent, 6060 Brookglen Dr, Suite B, Houston, TX 77017  Other distribution of the centuries of process of the subset of the person of the centuries of the person of the subset of the person of the per		
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Houston, Texas 77017   (Street Address of Principal Office)		
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of the trunslator must be submitted)	 r of records in rtificate undu	n the er oath
Signature of an authorized person		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false i	n -	

EMILIO ALVAREZ SANZ, General Manager

Typed or printed name of signee

1'L657 - 9/(0/2815 Wolters Rhaver Online

3/21/2016 9:33:21 AM 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

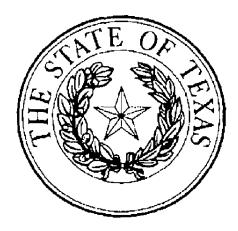
#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ALUFASE USA, L.L.C. (file number 801598923), a Domestic Limited Liability Company (LLC), was filed in this office on May 16, 2012.

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

TALLAHASSEE FLORIDA

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 March 18, 2016.



Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/
Phone: (512) 463-5555 Fax: (512) 463-5709 D
Prepared by: SOS-WEB TID: 10264

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