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(((H16000167754 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (850) 205-8842 : (850) 878-5368 Phone Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company **Builder Specialties, LLC**

Certificate of Status	0
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Page Count	04
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Help

7/12/2016 3:39:00 PM From: To: 8506176383( 2/4 )

05/06/2016 5:09PM FAX 4042810226 MITCH HIRES

**2**0002/0009

## COVER LETTER

TO:	distration Section  Islan of Corporations	
SUBJE	Builder Specialties, LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company	
The end Existen	. "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certid check are submitted to register the above referenced foreign limited liability company to transact business in	ificate of Florida
Plense i	all correspondence concerning this matter to the following:	
	Sonya Thomas, Senior Paralegal	
	Name of Person	
	McDonald Hopkins LLC	
	Firm/Company	
	300 N LaSalle St., Stc. 2100	
	Address	
	Chicago, IL 60654	
	City/State and Zip Code	
	sthomas@mcdonaldhopkins.com	
	E-mail address: (to be used for future annual report notification)	
For furt	formation concerning this matter, please call:	
	ya Thomas 312 280-0111	
	Name of Contact Person Area Code Daytine Telephone Number	
	ILING ADDRESS: STREET ADDRESS: sion of Corporations   Division of Corporations	
Enclose	check for the following amount:  125.00 Filing Fee	Ble

7/12/2016 3:39:00 PM From: To: 8506176383( 3/4 )

05/08/2016 5:09PM FAX 4042810228

WITCH HIRES

**2**0003/0009

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

Name:  Office Address:    1200 South Pine Island Road	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aga contact Emmey Company, must r	include "Limited Liability Company," "L.L.C.,"	or made y
Company (s organized)   Company (s organized)	iability Company," "L.L.C."	ternate name adopted for the purpose o	f transacting business in Florida. The ulternate r	belimi. T' abulani tsum amso
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  (Maini Ourdens, Florida, 33169  (Maining Address)  (Cip code)  (Application System 1200 South Pine Island Road Plantation (Cip)  (Plantation Florida 33324 (Cip code)  (Cip code)  (Registered agent as registered agent and agree to uct in this application, I hereby accept the appointment as registered agent and agree to uct in this application of all statutes relative to the proper and complete performance of my duttes, and I am familiar with the applications of my position as registered agent.  (Registered agent 's signature)  (Registered agent's signature)  (	Delaware		3.	
Miami Ourdens, Florida, 33169  (Street Address of Principal Office)  (Mailing Address)  (Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  (City)  (City	(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appliest	ole)
Miami Ourdens, Florida, 33169  (Street Address of Principal Office)  (Mailing Address)  (Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  (City)  (City	•	(Date first transauted business	in Florida, if prior to registration.)	<del></del>
(Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:    1200 South Pine Island Road	15763 NW 16 Court			<b>3 3</b>
(Mailing Address)  Name:  Office Address:  Office Address:  Office Address:    1200 South Pine Island Road	Miami Oardens, Florid			
(Mailing Address)  Name:  Office Address:  Office Address:  Office Address:    1200 South Pine Island Road		(Street Address of Prin	•	一覧
Name: Office Address:  Office Address:  Office Address:  Office Address:  Office Address:  CT Corporation System  (City)  (City)  Registered agent's acceptance:  Inviting been named as registered injent and to accept service of process for the above stated limited liability company at the placest and this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the obligations of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complywith the obligations of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and a familiar with a complete performance of my duties, and a familiar with a complete performance of my duties, and a familiar with a complete performance of my duties, and a familiar with a complete performance of my du				- SSE 2
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Office Address:    1200 South Pine Island Road   Plantation   Florida   33324   (City)   (Zip code)	, Name and street address	s of Plorida registered agent; (P.O.	. Box NOT acceptable)	95 <b>e</b>
Plantation , Florida 33324  (City) (Zip code)  Registered agent's acceptance: Inving been named as registered agent und to accept service of process for the above stated limited liability company at the plantation in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a complete performance o	Name:	C T Corporation System	100000 1000 1000 1000 1000 1000 1000 1	
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		Signature of	an authorized person	
Flus document is executed in accordance with section 605.0203 (1) (h), Florida Statutes. I am aware that any false information	Plata almostance to occurrent			new false information
	ubmitted in a document to	the Department of State constitute	s a third degree felony as provided for in s.8	17,1 <b>55,</b> P.S.

Typed or printed name of signor-

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "BUILDER SPECIALTIES, 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 TWELFTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2016 JUL 12 AM 9: BL SEURETARY OF STATE

Authentication: 202640674

Date: 07-12-16

5913254 8300

SR# 20164867140

You may verify this certificate online at corp.delaware.gov/authver.shtml