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D. SCOTT MAR 7 2017

COVER LETTER

TO:	Registration Section Division of Corporation	a s				
SUBJI	HIPPO COATINGS	COMPANY, LLC				
		Name of	Limited Liability C	Company		
		eign Limited Liability Comp d to register the above refer				
Please	return all correspondence c	oncerning this matter to the	following:			
	THERESA OPI	E				
		N	ame of Person			
	НІРРО СОАТІ	NGS.COMPANY, LLC				
		F	rm/Company		·- <u>-</u>	
	208 NW BUSI	NESS PARK LANE				
			Address			
	ŘIVERSIDE, M	10 64150				
		City/S	tate and Zip Code		•	型的
	ТОРІЕ@НІРРО!	MULTIPOWER.COM				超青工
		E-mail address: (to be use	d for future annual	report not	tification)	TILED
For fur	ther information concerning	g this matter, please call:				NSSEE OF BEEN ASSESSED.
	THERESA OPIE		816 _at (474.464	43 X204	10 to 3
	Name o	f Contact Person	Area Code	Day	time Telephone Nu	umber
·	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circ see, FL 32301	le
Enclos	ed is a check for the follow \$125.00 Filing Fee	ing amount: \$\Bigsize \frac{1}{3} \tag{130.00}\$ Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing of Status & Certi	g Fee, Certificate ified Copy

ÀPPLICATION 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:

ter manie anavanabic, cilici a	lternate name adopted for the purpose of transact	ing business in Florida. The alternate na	me must include "Limited
Liability Company," "L.L.C,	" or "LLC.")		
2. MISSOURI	of which foreign limited liability	(FEI number, if applicable	<u> </u>
company is organized)	or which toroign minion hability	(i in number, it application	ς,
4	(Data first transported hyginass in Florid	. if arion to requistration V	
5. 208 NW BUSINESS F	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S. (PARK LANE	o determine penalty liability)	_
RIVERSIDE, MO 641			_
6. 208 NW BUSINESS P	(Street Address of Principal Of ARK LANE	fice)	
RIVERSIDE, MO 641			
	(Mailing Address)		
7. Name and street address	ss of Florida registered agent: (P.O. Box N	OT acceptable)	
Name:	MICHAEL BLANK		-1.0 =
Office Address:	752 COMMERCE DR STE 14 BLDG C	<u> </u>	高雪也
	VENICE	Florida 34292	
	(City)	(Zip code)	
Registered agent's accep	tance:		- Mag - O
Having been named as re designated in this applica to complywith the provisi	egistered agent and to accept service of procition, I hereby accept the appointment as reons of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in the land of the lan	his capacity. I further agree
Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and	gistered agent and agree to act in the land of the lan	his capacity. I further agree
Having been named as re designated in this applica to complywith the provisi accept the obligations of t	egistered agent and to accept service of procition, I hereby accept the appointment as reons of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in the complete performance of my dutient and agree to act in the complete performance of my dutient agree to act in the complete performance of my dutient agreement agree to act in the complete performance of my dutient agreement agr	his capacity. I further agree
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Having been named as redesignated in this applicate to complywith the provisi accept the obligations of the control of the con	egistered agent and to accept service of proceedings. I hereby accept the appointment as recons of all statutes relative to the proper and my position as registered agent. Stegistered agent's accity and address of the person(s) who has/h	gistered agent and agree to act in the complete performance of my dutients is signature) ave authority to manage is/are:	his capacity. I further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of a second the name, title or capa MICHAEL BLANK, CEO	egistered agent and to accept service of pro- tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent. Gegistered agent's acity and address of the person(s) who has/h D 752 COMMERCE DR STE 14 BLDG CV of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	rgistered agent and agree to act in the complete performance of my dutients is signature) ave authority to manage is/are: VENICE, FL 34292	his capacity. I farther agrees, and I am familigr with an
designated in this applicate complywith the provision accept the obligations of a second seco	egistered agent and to accept service of pro- tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent. Gegistered agent's acity and address of the person(s) who has/h D 752 COMMERCE DR STE 14 BLDG CV of existence, no more than 90 days old, duly of which it is organized. (If the certificate is	gistered agent and agree to act in the complete performance of my duties is signature) ave authority to manage is/are: VENICE, FL 34292 y authenticated by the official having in a foreign language, a translation of Balance	his capacity. I farther agrees, and I am familigr with an

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Hippo Coatings Company, LLC LC001525238

was created under the laws of this State on the 9th day of February, 2017, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 28th day of February, 2017.

Becretary of State

Certification Number: CERT-02282017-0066