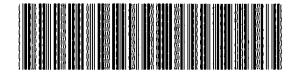
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Tallahassee, Florida 32312

(850) 656-4724

Toll Free: 844-541-6792

DATE: 7	1-12-17 WALK I	WALK IN		
ENTITY N	NAME: ZINSEL GLASS AND MIRROR L	·L·C·		
DOCUMENT	T #			
	**PLEASE FILE THE ATTACHED AND RETURN: **			
<u>X</u>	Plain Copy Certified Copy			
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY: **			
	Certified Copy of Arts & Amendments Certificate of Good Standing			
	**APOSTILLE'/NOTARIAL CERTIFICATION: **			
	OF DESTINATIONOF CERTIFICATES REQUESTED			
TOTAL \$ CHECK #:	~ ^ ~ ·			

Please call Tina at the above number for any issues or concerns. Thank you so much!

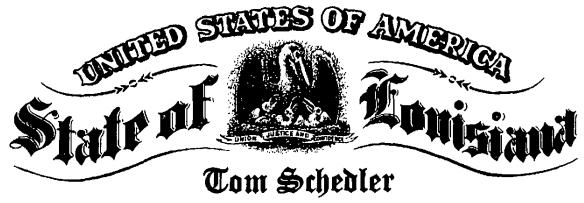
COVER LETTER

TO:		stration Section tion of Corporation	15				
SUBJEC			ND MIRROR, L.L.C.				
00000	··· .		Name of L	imited Liability Co	mpany		
The encl Existence	losed e, and	"Application by For I check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizationced foreign limited	on to Tra d liability	ansact Business in Florida," Certificate y company to transact business in Flori	o di
Please re	eturn :	all correspondence o	onceming this matter to the t	ollowing:			
		SAL MICELI					
			Na	me of Person			
		ZINSEL GLAS	S AND MIRROR, L.L.C.				
			Fir	m/Company	·		
		245 VILLEMA	R PLACE				
				Address			
		TERRYTOWN	, LA 70056				
			City/St	ate and Zip Code			
		sal@zinselglass.	com				
			E-mail address: (to be used	for future annual re	eport not	tification)	
For furth	ner inf	ormation concerning	g this matter, please call:				
	KA	NETHA BISHOP		800 at ()	567-43		
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314		Î F C 2	Division Registrati Clifton B 2661 Exe	FADDRESS: of Corporations ion Section suilding coutive Center Circle see, FL 32301	
		check for the follow 25.00 Filing Pec	ing amount: □ \$130.00 Filling Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	Pee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate n	same adopted for the purpose of transacting business in Flo	orida. The al	ternate name must include "Limited Liab	ility Company." "L.L.C." or	"LLC.")
2. LOUISIANA			70.4400400	,,,	,
	high foreign limited liability company is organized)	3.		er, 1f applicable)	
4.					
· ·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ine penalty) liability)		ь.
5. 245 VILLEMAR PLA		6.	245 VILLEMAR PLACE		<u> </u>
(Street Address of TERRYTOWN, LA 70	•		(Mailing Addre TERRYTOWN, LA 70056	ess)	
					OIVISION OF CORPORATIONS
					_ 6 <u>`</u>
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT 8	(cceptable)		작
Name:	URS AGENTS, LLC				<u> </u>
Office Address:	3458 LAKESHORE DR				103
	TALLAHASSEE		, Florida 32312		<i>O</i> r
	(City)		(Zip code	:)	
and account the obligation		r ana coi	mplete performance of my a	auties, ana i am jan	nillar with
and accept the obligation	s of my position as registered agent.	Kancıl	na Bishop, Assistant Secreta	-	nillar with
, -	s of my position as registered agent. (Registered agent's	Kanetl	na Bishop, Assistant Secreta	-	nillar with
8. The name, title or cap	s of my position as registered agent.	Keneth	na Bishop, Assistant Secreta	ry	
, -	(Registered agent) acity and address of the person(s) who h	Kaneth signature) as/have t	na Bishop, Assistant Secreta	-	
8. The name, title or cap Title or Capacity:	(Registered agent) acity and address of the person(s) who h	Kaneth signature) as/have t	na Bishop, Assistant Secreta	ry	
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who h Name and Address: WARREN A. BUONAGUR. 245 VILLEMAR PLACE	Kaneth signature) as/have t	na Bishop, Assistant Secreta	ry	
8. The name, title or cap Title or Capacity: MANAGER/MEMBER	acity and address of the person(s) who h Name and Address: WARREN A. BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056 TARA BUONAGURA 245 VILLEMAR PLACE	Kaneth signature) as/have t	na Bishop, Assistant Secreta	ry	
8. The name, title or cap Title or Capacity: MANAGER/MEMBER	acity and address of the person(s) who harme and Address: WARREN A. BUONAGUR. 245 VILLEMAR PLACE TERRYTOWN, LA 70056 TARA BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056	Kaneth signature) as/have t	na Bishop, Assistant Secreta	ry	
8. The name, title or cap Title or Capacity: MANAGER/MEMBER MANAGER (Use attachments if neces) 9. Attached is a certificate	acity and address of the person(s) who h Name and Address: WARREN A. BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056 TARA BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056 ssary) c of existence, no more than 90 days old,	Kanctl signature) as/have a Ti	na Bishop, Assistant Secreta authority to manage is/are; tle or Capacity;	Name and Address	ess:
8. The name, title or cap Title or Capacity: MANAGER/MEMBER MANAGER (Use attachments if neces) 9. Attached is a certificate	acity and address of the person(s) who have and Address: WARREN A. BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056 TARA BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056 stary) c of existence, no more than 90 days old, of which it is organized. (If the certifica	Kanctl signature) as/have a Ti	na Bishop, Assistant Secreta authority to manage is/are; tle or Capacity;	Name and Address	ess:
8. The name, title or cap Title or Capacity: MANAGER/MEMBER MANAGER (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec	acity and address of the person(s) who have and Address: WARREN A. BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056 TARA BUONAGURA 245 VILLEMAR PLACE TERRYTOWN, LA 70056 stary) c of existence, no more than 90 days old, of which it is organized. (If the certifica	Kaneth signature) as/have a Ti	authority to manage is/are; the or Capacity; thenticated by the official ha foreign language, a translati	Name and Address Iving custody of receion of the certificate	ords in the under oath
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SECRETARY OF STATE

As Secretary of States of the State of Louisiana, I do hereby Certify that

ZINSEL GLASS AND MIRROR, L.L.C.

A limited liability company domicifed in TERRYTOWN, LOUISIANA,

Filed charter and qualified to do business in this State on February 11, 1998,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 11, 2017

Secretary of State

Web 34611896K



Certificate ID: 10847446#MVM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louislana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov