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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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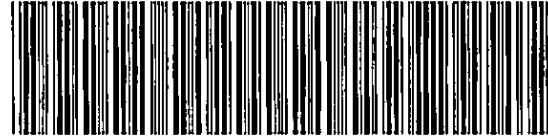
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG 18 2017

CLERK



BarrettMcNagny

Justin T. Molitoris
Direct: (260) 423-8859
jtm@barrettlaw.com

August 16, 2017

Via UPS OVERNIGHT

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

Re: Application for Certificate of Authority Limited Liability Company

Dear Sir/Madam:

Enclosed please find the Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida along with a Certified Certificate of Existence. Also enclosed, please find the requisite filing fee in the amount of One Hundred Twenty Five and No/100 Dollars (\$125.00) made out to the Florida Secretary of State. Please return a file-stamped copy of the Application to the undersigned via the enclosed self-addressed, stamped envelope provided for your convenience. Thank you for your assistance in this regard. Please call should you have any questions.

Very truly yours,

BARRETT McNAGNY, LLP

Justin T. Molitoris

JTM:bmb:1876576

Enclosures



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OMNISOURCE, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Justin T. Molitoris

Name of Person

Barrett McNagny, LLP

Firm/Company

215 East Berry Street

Address

Fort Wayne, IN 46802

City/State and Zip Code

Cynthia.Lipocky@steeldynamics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin T. Molitoris

260

423-8859

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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:

1. OMNISOURCE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. INDIANA 3. 35-0809317
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/31/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 7575 W. JEFFERSON BLVD. 6. 7575 W. JEFFERSON BLVD.
(Street Address of Principal Office) (Mailing Address)
FORT WAYNE, IN 46804 FORT WAYNE, IN 46804

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: REGISTERED AGENT SOLUTIONS, INC.

Office Address: 155 OFFICE PLAZA DR., STE. A

TALLAHASSEE, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

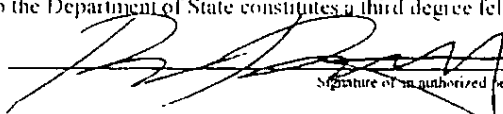
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>MANAGER</u>	<u>RUSSELL B. RINN</u> <u>7575 W. JEFFERSON BLVD.</u> <u>FORT WAYNE, IN 46804</u>	<u>MANAGER</u>	<u>THERESA E. WAGLER</u> <u>7575 W. JEFFERSON BLVD.</u> <u>FORT WAYNE, IN 46804</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.


Signature of an authorized person
RICHARD A. POINSATTE, VICE PRESIDENT
Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

OMNISOURCE, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 27, 1946, and was in existence or authorized to transact business in the State of Indiana on August 15, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 15, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

194128-079 / 2017382708

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>