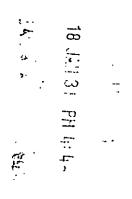
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Office Use Only



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SNOWNS O

COVER LETTER

Division of Corporations		
SUBJECT: Masteller Special Materials Consulting, LLC		
SUBJECT: Name	of Limited Liability Co	ompany
The enclosed "Application by Foreign Limited Liability Co Existence, and check are submitted to register the above re	ompany for Authorizati ferenced foreign limite	
Please return all correspondence concerning this matter to	the following:	
Millard S. Masteller		
	Name of Person	
Masteller Special Materials Consulting,	LLC	
	Firm/Company	
79 Whittington Drive		
	Address	
Palm Coast, FL 32164		
City	/State and Zip Code	
scottmasteller@gmail.com		
E-mail address: (to be us	sed for future annual rep	port notification)
for further information concerning this matter, please call:		
Millard S. Masteller	386 at ()	447-4049
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>ST</u> Div Rep Cli 260	REET ADDRESS: vision of Corporations gistration Section fton Building H Executive Center Circle lahassee, FL 32301
nclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filing Fe 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:

Pennsylvania		I NAME THE BUILDING	name must include "Limited Liz	and only and and and
		3. 26-4	563284	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J		ther, if applicable)
No business transacted	I in Florida as of the date this form was	s filed		, A
	(Date first transacted business in Florida, if prior	lo registration.)		
70 1111	(See sections 605 0904 & 605,0905, F.S. to deter			*
79 Whittington Drive	Principal (Hilico)	6. <u>79 W</u>	hittington Drive	from)
Palm Coast, FL 32164	•	Palm	Coast, FL 32164	
			,	
				
Nama and atreat address	ss of Florida registered agent: (P.O. Bo	ov MOT agains	abla)	
Name and <u>street addres</u>		ох <u>мот</u> ассері	aorej	
Name:	Millard S Masteller		_	
Office Address:	79 Whittington Drive			
Office Address.		· · · · · · · · · · · · · · · · · · ·	~	
	Palm Coast		_ , Florida <u>32164</u>	
iving been named as re signated in this applica comply with the provisi	(City)	as registered a	(Zip coc e above stated limited gent and agree to act	I liability company at the in this capacity. I furth
signated in this applica comply with the provisi	(City) stance: rgistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop	as registered a er and complete	(Zip coc e above stated limited gent and agree to act	I liability company at the in this capacity. I furth
iving been named as resignated in this application comply with the provision decept the obligation. The name, title or capa	ctance: registered agent and to accept service of atton, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. (Registered agent accept and address of the person(s) who	as registered a er and complete of the complet	(//ip code e above stated limited gent and agree to act e performance of my ity to manage is/are:	l liability company at the in this capacity. I furth duties, and I am familia.
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Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 01/17/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Masteller Special Materials Consulting, LLC.

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE CONTROLLER OF THE CONTROLL

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180117100408-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify