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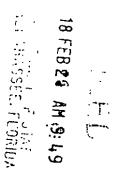
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### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lining & Coating Solution, Clark 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:
SUZANNE PCR MONTON
hining+ Coceling Solutions, LLC
P.O.BOX 298
Cliv/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SOZANDIOTI PELINOV at (LOLD) 893.098() Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sigma \text{S125.00 Filing Fee}  \text{.00 Filing Fee & Gertificate of Status}  \text{Certified Copy}  \text{of Status & Certified Copy}  \$\sigma \text{S160.00 Filing Fee, Certified Copy}  \$\sigma S160.00 Filing Fee, Certified Cop

I COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LI OMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C."
name unavailable, enter afternate name adopted for the purpose of transacting business in Florida. The alternate i
(Jurisdiction under the law of which foreign limited hability company is organized)  3. 47-43333/2
2/1/20/8
(Date first transacted business in Flurida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
(Street Address of Principal Office)  6. P.O. BOX 298  (Mailing Address)
dividence us dividence us
38654
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Andraw Diatsch
Office Address: 400 Douglas RDHG
Oldsmer Florida 34677
gistered agent's acceptance:  (City)  (Zip code);  (Zip code);
iving been named as registered agent and to accept service of process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated limited liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the process for the above stated liability company at the above stated liability a
comply with the provisions of all statutes relative to the proper and complete performance of my divises and I am familiar
a accept the obligations of my position as registered agent.
X Chair Distart
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:
FIECOMONOUS POLINOV
Our or breeze des
≥D1027
se attachments if necessary)
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a soliction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under ( the translator must be submitted)
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

mitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



### DELBERT HOSEMANN Secretary of State

### Office of the Secretary of State Jackson, Mississippi

# Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

## LINING & COATING SOLUTIONS, LLC

Registered the 16th day of June, 2015

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

2606 Baldwin Road, P. O. Box 8106 Greenwood, MS 38930

And that the registered agent at that address is:

David L Upchurch

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 16th day of February, 2018

C. Delbert Hosemann, jr.

Secretary of State

Certificate Number: CN18048451

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx