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,COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Mexel USA, LLC					
300000		Name of L	Limited Liability	Company		
		eign Limited Liability Comp d to register the above refere				
Please return	all correspondence c	oncerning this matter to the f	following:			
	Mary W Glass					
		Na	me of Person			
	Mexel USA, LI	C				
		Fir	m/Company			
	1655 N Fort My	/er Dr. #350				
			Address			
	Arlington, VA	22209				
		City/St	ate and Zip Code			
	mglass@mexelus	sa.com				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further in	formation concerning	g this matter, please call:				
Ma	ry Glass		703 at (786-330	08	
******	Name o	f Contact Person	Area Code	Dayı	time Telephone Number	
Divi Reg P.O	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	check for the following 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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	name adopted for the purpose of transacting business in	Florida. The s	liternate name must include "Limited Li	Ibility Com	pany," "L.L.C.	," or "LLC	?. ")
2. Delaware		3	14-1969193				
	which foreign limited liability company is organized)			ber, if appl	icable)		
I							
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registratio mine penalty	n.) · liability)				
1655 N Fort Myer Dr		6.	1655 N Fort Myer Dr. #35	0			
(Street Address of			(Mailing Add Arlington, VA 22209	irese)			
Arlington, VA, 22209			Arington, VA 22209				
					- 4	==	
					ide (")	- TE	Marine de la Constantina del Constantina de la C
. Name and street addre	ss of Florida registered agent: (P.O. B	ox <u>NOT</u>	acceptable)			HAR	rim =
Name:	Corporation Service Company					1	e de la composition della comp
i vallie.					REAL CO.		
Office Address:	1201 Hays Street					70	
	Tallahassee		, Florida 32301 (Zip co	.1	en al	(er; me,
	(City)		(Zip co	de) .		41.	٠.
legistered agent's acce	ptance: registered agent and to accept service o					U	
	ns of my position as registered agent. HOLUU NWW		Holly Jones Assistant Vice Pre	sid ent			
	Holly Amus (Registered agen	t's signature)	Assistant Vice Pre	sident	:		
8. The name, title or cap	Holly (Registered agen pacity and address of the person(s) who	has/have	Assistant Vice Pre-				
	Holly Japan (Registered agen	has/have	Assistant Vice Pre		ne and Ad	dress:	
8. The name, title or cap	Holly (Registered agen pacity and address of the person(s) who Name and Address: Mary Glass	has/have	Assistant Vice Pre-			dress:	
8. The name, title or cap Title or Capacity:	pacity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N	has/have	Assistant Vice Pre-			dress:	
B. The name, title or cap Title or Capacity:	Holly (Registered agen pacity and address of the person(s) who Name and Address: Mary Glass	has/have	Assistant Vice Pre-			dress:	
B. The name, title or cap Title or Capacity:	pacity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N	has/have	Assistant Vice Pre-			dress:	
B. The name, title or cap Title or Capacity:	pacity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N	has/have	Assistant Vice Pre-			dress:	
8. The name, title or cap Title or Capacity:	pacity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N	has/have	Assistant Vice Pre-			dress:	
3. The name, title or cap Title or Capacity: President	pacity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N Arlington, VA 22209	has/have	Assistant Vice Pre-			dress:	
8. The name, title or cap Title or Capacity: President Use attachments if nece	Holly (Registered agen pacity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N Arlington, VA 22209	has/have	Assistant Vice Pres	Nam	ne and Ad		
B. The name, title or cap Title or Capacity: President Use attachments if nece	macity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N Arlington, VA 22209 ssary) e of existence, no more than 90 days old	has/have	Assistant Vice Present authority to manage is/are: itle or Capacity:	Nam	ne and Ad	ecords	in the
8. The name, title or cay Title or Capacity: President Use attachments if nece	macity and address of the person(s) who Name and Address: Mary Glass 4427 25th St N Arlington, VA 22209 essary) e of existence, no more than 90 days old of which it is organized. (If the certification of the certi	has/have	Assistant Vice Present authority to manage is/are: itle or Capacity:	Nam	ne and Ad	ecords	in the
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Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MEXEL USA, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEXEL USA, LLC"

WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

a at corn delaware gov/aut

Authentication: 202114239

Date: 02-08-18

4187311 8300 SR# 20180829213