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(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
<b>(</b> = -		··- <b>/</b>				
(100	cument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer					
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SECRETARY OF STATE STORE DIVISION OF CORPORATIONS
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### COVER LETTER

TQ:		ration Section n of Corporation	ns					
SUBJE		el Techologies L	LC					
SUDJE			Name of	Limited Liability (	Company	- <u></u>		
						ansact Business in Florida," Certificate of y company to transact business in Florida.		
Please r	eturn all	correspondence o	concerning this matter to the	following:				
		Michelle M. Ha	игрег					
		-	N	ame of Person				
		Steel Technologies LLC						
	Firm/Company							
		700 North Hurstbourne Parkway, Suite 400						
	Address							
		Louisville, KY 40222						
	City/State and Zip Code							
		mharper@sttxna.	.com					
		<del></del>	E-mail address: (to be use	d for future annual	report no	tification)		
For furt	her infor	mation concernin	g this matter, please call:					
Michelle M. Harper			502 at (	245-21	10			
		Name o	of Contact Person	Area Code	Day	rtime Telephone Number		
	Division Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
Enclose		eck for the follow 0.00 Filing Fee	ring amount:  \$\Bigsim \text{\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Steel Technologies LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Of name unavailable, enter akernate name adopted for the purpose of transacting business in Florida. The alternate name room include "Lumied Luability Company." "L.L.C." or "LLC.") 3. 61-0712014 2 Kentucky (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905; F.S. to determine penalty liability) 700 North Hurstbourne Parkway, Suite 400 700 North Hurstbourne Parkway, Suite 400 (Meiling Address) (Stroet Address of Principal Office) Louisville, KY 40222 Louisville, KY 40222 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassce 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. (Registated agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Michelle M. Harper Michael J. Carroll Secretary President & CEO 700 N.Hurstbourne Suite 400 700 N. Hurstbourne Suite 400 Louisville, KY 40222 Louisville. KY 40222 Chief Financial Office Steven F. Nosil 700 N.Hurstbourne Suite 400 Louisville, KY 40222 (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 und that of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Spalutes. I am aware that any false informat submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michelle M. Harper
Typed or printed name of signee

# Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### **Certificate of Existence**

Authentication number: 197813

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

## STEEKTECHNOLOGIES,LLC

is a limited liability company duly organized and existing under KRS. Chapter 14A and KRS Chapter 275, whose date of organization is January 12, 1971 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucký, this 5th day of January, 2018, in the 226th year, of the

Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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