# MI800000556

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone #)	)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	1
(Doc	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	-

Office Use Only

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2018

ROBERT MEYER 39450 OTIS ALLEN RRD ZEPHYRHILLS, FL 33540 US

SUBJECT: NOVUS STEEL, LLC Ref. Number: W18000052329



We have received your document for NOVUS STEEL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 518A00011631

#### **COVER LETTER**

-	ision of Corporations					
ID IECT.	Novus Steel, LLC					
JBJECT:		Name of Limited Liability Company				
he enclosed xistence, ar	d "Application by Fore and check are submitted	ign Limited Liability Comp to register the above refere	any for Authorizatenced foreign limit	ion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate ess in Flori
ease return	all correspondence co	oncerning this matter to the	following:			
	Robert Meyer					
		N:	ame of Person			
	Novus Steel, Li	LC				
		Fi	rm/Сотралу			
	39450 Otis Alle	n Rd				
Address						
	Zephyrhills, FL	33540				
	<del> </del>	City/S	tate and Zip Code			
	rmeyer@novuss	teel.com				
		E-mail address: (to be used	for future annual	report not	fication)	
or further i	nformation concerning	this matter, please call:				
Ha	ıllie Meyer		813	557 79	24	
	Name of	Contact Person	at ( Area Code	Day	time Telephone Number	
Div Rep P.C	vision of Corporations gistration Section D. Box 6327 Blahassee, FL 32314	A		Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301	
	a check for the followi \$125.00 Filing Fee	ng amount:  \$\B\$\$ \$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filir Certified Copy	ig Fee &	S160.00 Filing Fee, Cof Status & Certified Co	

## 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 PLORIDA:

name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flo		e name must include "Limited Liability (	ompany," "LLC," or "LLC.")
South Carolina		3. <u>81</u>	-4300544	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI mamber, if a	pplicable)
·	(Date first transacted business in Florida, if prior to	resistration \		_
00450 00 10 504	(See sections 605.0904 & 605.0905, F.S. to determ	ine penalty liabili	ty)	
39450 Otis Allen Rd	rinemal Office)	6	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Zephyrhills, FL 3354	•			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	······································
Name:	Hallie Meyer			8 ≥
Office Address:	39450 Otis Allen Rd			NOS
	7		, Florida <u>33540</u>	
	Zephyrhills		, 1 10110a	_
esignated in this applicate comply with the provise	tance:  gistered agent and to accept service of tion, I hereby accept the appointment alons of all statutes relative to the proper	s registered	(Zip code) the above stated limited liabi agent and agree to act in th	is capacity. I further ug
aving been named as re esignated in this applica comply with the provis	ctance:  registered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.	s registered and compl	(Zip code) the above stated limited liabi agent and agree to act in th	is capacity. I further ug
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aving been named as resignated in this applicated in this applicate comply with the provising accept the obligation	ctance:  registered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.	r and complete and	(Zip code) the above stated limited liability agent and agree to act in the ele performance of my duties ority to manage is/are:	is capacity. I further ug
aving been named as re- esignated in this applicate comply with the provisi- nd accept the obligation  The name, title or cap	otance: registered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:  Robert Meyer	r and complete and	(Zip code) the above stated limited liability agent and agree to act in the ele performance of my duties ority to manage is/are:	is capacity. I further ag s, and I amountilise with
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aving been named as resignated in this applicate comply with the provising accept the obligation.  The name, title or captatile or Capacity:  President	registered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.  Registered agent's active and address of the person(s) who have and Address:  Robert Meyer  39450 Otis Allen Rd Zephyrhills, FL 33540	topature) as/have auth Title	(Zip code)  the above stated limited liabil agent and agree to act in the cle performance of my duties  ority to manage is/are:	is capacity. I further ag s, and I amountilise with
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aving been named as resignated in this applicate comply with the provising accept the obligation.  The name, title or caparity:  President  Use attachments if neces  Attached is a certificate	registered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the propers of my position as registered agent.  Registered agent as registered agent.  Registered agent are and Address:  Robert Meyer  39450 Otis Allen Rd  Zeohyrhills, FL 33540  A DALO BCOCH  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifical	manure)  solution of the complete of the compl	ority to manage is/are:  NE  National States of the state	is capacity. I further ages, and I amountilise with a second seco

# The State of South Carolina



## Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

#### NOVUS STEEL, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on October 13th, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of May, 2018.

Mark Hammond, Secretary of State

# The State of South Carolina



### Office of Secretary of State Mark Hammond

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Mark Hammond, Secretary of State