

11/28/2018

Division of Corporations

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Division of Corporations

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**Foreign Limited Liability Company  
Eykon Wall Source, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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TALLAHASSEE, FLORIDA

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Eylon Wall Source, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0588795  
(FEI number, if applicable)
4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S., to determine penalty liability)
5. 5675 East Shelby Drive  
(Street Address of Principal Office)  
Memphis, TN 38125
6. \_\_\_\_\_  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: C.T. Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

## 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.

By: Kimberly Laughrey Kimberly Laughrey, Assistant Secretary  
(Registered agent's signature)

8. 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:
See Attachment			

(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 under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Caroline Shettle  
(Signature of an authorized person)  
Caroline Shettle  
(Typed or printed name of signer)

**Managers and Officers of Eykon Wall Source, LLC**

**Managers:**

Meranee Phing  
455 Market Street, Suite 1520  
San Francisco, CA 94105

Karen Pajarillo  
455 Market Street, Suite 1520  
San Francisco, CA 94105

Caroline Shettle  
455 Market Street, Suite 1520  
San Francisco, CA 94105

Roger Arciniega  
17811 Fitch  
Irvine, CA 92614

Tony Armand  
17811 Fitch  
Irvine, CA 92614

**Officers:**

Roger Arciniega  
President and Chief Executive Officer  
499 E. CR 300 South  
New Castle, Indiana 47362

Caroline Shettle  
Vice President and Secretary  
455 Market Street, Suite 1520  
San Francisco, CA 94105

Meranee Phing  
Vice President and Treasurer  
455 Market Street, Suite 1520  
San Francisco, CA 94105

Anita S. Kwon  
Vice President of Finance  
17811 Fitch  
Irvine, CA 92614

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "EYKON WALL SOURCE, 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 TWENTY-NINTH DAY OF NOVEMBER, A.D. 2018.

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

FILED  
2018 NOV 28 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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SR# 20187865022

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203986788

Date: 11-29-18