12/3/2018



## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please. \*\*

Email	Address:		
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Foreign Limited Liability Company BlueScope Properties Group LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

## Please Honor Original Filing date 12/03/2018

Electronic Filing Menu

Corporate Filing Menu



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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-

(Name of Foreign	Group LLC  Limited Liability Company; imust include "Limit	ed Liability	Company," "L.L.C.," or "LLC.")		
(If name movailable, enter alternate)	name adopted the the purpose of transacting business in Fl	orida. The alt	terrate name must include "I imited I usbility C	Company," "E.L.C," or "LLC."	٠,
Delaware 2.		3	47-2613165		
Charsdo, tion under the law of w	shigh (areign limited liability company is organized)	.,.	(FTI number, if	applicable)	
4	(Date first personally beariess in Porieta, it prior to	i maistratum		<del>-</del>	
	(See sections 605 0904 & 605 0905, F.S. to determ	nue penalty l	inbihtyj		
1540 Genessee Street 5.			1540 Genessee Street		
(Street Address of	Principal Other	<b>U</b> . ,	(Minhing Address)		
Kansas City, MO, 641	02		Knnsas City, MO, 64102		
		-			
<ol> <li>Name and <u>street addre</u></li> <li>Name:</li> </ol>	ess of Florida registered agent: (P.O. Bo  C T Corporation System	x <u>NOT</u> 11	eceptable)	8 DEC -3 EGGL 340 LLLAHASS	-n
Office Address:	1200 South Pine Island Road			AH 92 5 CON S 144 CON T LOR	
	Plantation		33324 , Florida	<u> </u>	
	(City)		(Zip code)		

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.

C T Corporation System	James M. Halpin Assistant Secretary
(Registered agent's signature	7

Title or Capacity:	of the person(s) who has/have authority to manage is/are:  Name and Address:		
Vice President	Matt Roth		
	1540 Genessee Street		,
	Kansas City, MO, 64102		•
		•	•
		· .	
·	<u> </u>	マ マ マ ( ) ( ) 「 ( ) ( )	9
			DEC -3
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(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 \$ 817.155, F.S.

Supplement of an authorized person

Matt Roth

Typed or presed name of signice



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BLUESCOPE PROPERTIES GROUP 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 THIRD DAY OF DECEMBER, A.D. 2018.

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

10 DEC -3 AH 9:55

5611204 8300

SR# 20187936941
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204014240

Date: 12-03-18