# M1900003973

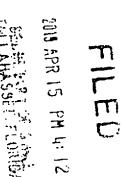
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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# COVER LETTER

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Divisi	on of Corporations	s				
SUBJECT: _	teel Solutions, LLC					
		Name of Lim	ited Liability	Company		
The enclosed " Existence, and	Application by Fore check are submitted	rign Limited Liability Company to register the above reference	for Authoriza d foreign limi	ation to Transac ted liability con	t Business in Florida," npany to transact busir	Certificate of less in Florida.
Please return al	ll correspondence co	oncerning this matter to the follo	owing:			
	Bill Webster					
		Name	of Person			
	Steel Solutions,	LLC				
		Firm/	Сотрапу			
	1700 S. 3rd St.					
		A	ddress			
	Memphis, TN 38	3109				
		City/State	and Zip Code	;		
	bill@edwardsstee	Isolutions.com				
		E-mail address: (to be used for	future annua	report notificat	tion)	
For further info	ormation concerning	this matter, please call:				
Bill V	Vebster	at	901 . (	505-0073		
	Name of	Contact Person	Area Code	Daytime	Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
		e following amount: le to: FLORIDA DEPARTME	ENT OF STA	TE		
□ s	125.00 Filing Fec	\$130.00 Filing Fee & Certificate of Status		Filing Fee & ied Copy	S160.00 Filing if of Status & Cert	

IN COMPLIANCE WITH SECTION (1)5.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

,	imited Liability Company; must include "Limite	d Liability Company,"	"L.L.C.," or "LLC.")			
teel Solutions of Florida,						
name unavailable, ester alternate na	me adopted for the purpose of transacting business in Flo			spany, "C E.C. RF ELC.		
Tennessee		83-0631662 3. (FE) number, if applicable)				
(Jurisdiction under the law of wh	sch foreign krimed (inhality company is organized)					
N/A						
	(Date lirst transacted business in Florida, if prior to	registration.)				
	(See sections 605 09(14 & 605 09(15, F.S. in determ	же режну паппаў)	10.			
1700 S. 3rd St.		1700 S. 3 6.	rd St. (Mailing Address)			
(Street Address of P	nucipal Office)		(Mailing Address)	74 E 2013		
Memphis, TN 38109		Memphis	<u>→</u> # =			
<del></del>				\$		
				Sign U		
. Name and street addres	s of Florida registered agent: (P.O. Bo)	NOT acceptable	)			
N.	Corporation Service Company			¥ 1		
Name:						
Office Address:	1201 Hayes St.					
Office Address.			22201			
	Tallahassee	, F	32301 Florida			
	(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.

Leanne Jensen **Asst Secretary** 

(Registepro agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Ethan Edwards Bill Webster, CFO Manager Manager 1700 S. 3rd St. 1700 S. 3rd St. Member Address: Address: Memphis, TN 38109 Memphis, TN 38109 Authorized Authorized Person Person Other Other Other\_ Other\_\_\_\_\_ Manager Name: Name: \_\_\_\_\_ Member ☐ Member Address: \_\_\_\_\_ Address: Authorized Authorized Person Person Other\_ Other.\_\_\_\_ Other\_\_\_ Manager Name: Manager Manager Member Authorized ☐ Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Typed or printed name of signee

Bill Webster, CFO



# Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

STEEL SOLUTIONS, LLC

1700 S. 3RD ST.

MEMPHIS, TN 38109-7712

March 26, 2019

Request Type: Certificate of Existence/Authorization

Request #:

0310637

Issuance Date: 03/26/2019

Copies Requested:

**Document Receipt** 

Receipt #: 004675001

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3753488866

\$20.00

Regarding:

Steel Solutions, LLC

Filing Type:

Limited Liability Company - Domestic

Control #:

964984

Formation/Qualification Date: 05/21/2018

Date Formed:

05/21/2018

Status:

Active

Duration Term:

Perpetual

Inactive Date:

Formation Locale: TENNESSEE

Business County: SHELBY COUNTY

### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## Steel Solutions, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State:
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 032509826