

11/18/2020

Division of Corporations

Florida Department of State

Division of Corporations

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2ND FAX.

To:

ATTN: SHARON FRANKLIN →

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

Phone : (813)229-7600

Fax Number : (813)229-1660

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

Email Address: amcintosh@shumaker.com

**Foreign Limited Liability Company
US Wholesale Pipe & Tube, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. Brumbley

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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 FLORIDA:

1. US Wholesale Pipe & Tube, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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 "LLC.")

2. Kansas 3. 85-2555485
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 2, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3351 Grand Blvd 6. 3351 Grand Blvd.
(Street Address of Principal Office) (Mailing Address)
Holiday, FL 34690
Holiday, FL 34690

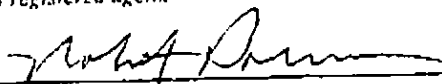
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert Posavec
Office Address: 3351 Grand Blvd
Holiday 34690
(City) Florida (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


(Registered agent's signature)

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Matt Crocker</u>	<input type="checkbox"/> Manager	Name: <u>Robert Posavec</u>
<input type="checkbox"/> Member	Address: <u>555 Poyntz Ave.</u>	<input type="checkbox"/> Member	Address: <u>3351 Grand Blvd</u>
<input type="checkbox"/> Authorized	<u>Manhattan, Kansas 66502</u>	<input type="checkbox"/> Authorized	<u>Holiday, FL 34690</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input checked="" type="checkbox"/> Other <u>CFO</u>
<input type="checkbox"/> Manager	Name: <u>Dirk Daveline</u>	<input type="checkbox"/> Manager	Name: <u>Ralph Baker, JR</u>
<input type="checkbox"/> Member	Address: <u>555 Poyntz Ave</u>	<input type="checkbox"/> Member	Address: <u>3351 Grand Blvd</u>
<input type="checkbox"/> Authorized	<u>Manhattan, Kansas 66502</u>	<input type="checkbox"/> Authorized	<u>Holiday, FL 34690</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input checked="" type="checkbox"/> Other <u>COO</u>
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



 Signature of an authorized person

Robert Posavec

 Typed or printed name of signer

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STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 5382916

Entity Name: US WHOLESALE PIPE & TUBE, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on August 17, 2020, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of November 18, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1155938 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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U.S. Wholesale Pipe & Tube, Inc.
3351 Grand Boulevard
Holiday, Florida 34690-2246

November 18, 2020

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Consent to Use Name

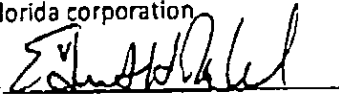
Dear Sir/Madam:

U.S. Wholesale Pipe & Tube, Inc. is incorporated under the laws of Florida (Document No. P93000081858) (the "Company"). The Company filed Articles of Amendment with the Florida Department of State on November 18, 2020 to change its name to "My Metals Company, Inc."

The name change was made in connection with a sale of the Company's business to US Wholesale Pipe & Tube, LLC, a limited liability company organized under the laws of Kansas (Business Entity No. 5382916) (the "Foreign Company"). The Company has released the name and consents to use of the name "US Wholesale Pipe & Tube, LLC" by the Foreign Company. This is our consent to allow the Florida Department of State to accept from the Foreign Company an application for registration to transact business in Florida under the name "US Wholesale Pipe & Tube, LLC".

Sincerely yours,

U.S. Wholesale Pipe & Tube, Inc.,
a Florida corporation

By: 
Edward H. Rachel, President

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