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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 578777 4304512

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 29, 2022

ORDER TIME : 1:51 PM

ORDER NO. : 578777-005

CUSTOMER NO: 4304512

FOREIGN FILINGS

NAME: STS RECYCLING RE LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: STS RECYCLING RE LLC						
Name of Limited Liability	Company					
The enclosed "Application by Foreign Limited Liability Company for Authorize Existence, and check are submitted to register the above referenced foreign limited to register the above r						
Please return all correspondence concerning this matter to the following:						
Name of Person						
CORRORATION OF DAILOR COMPANY						
CORPORATION SERVICE COMPANY Firm/Company						
211 EAST 7th STREET STE 620						
Address						
AUSTIN, TX 78701-3218						
City/State and Zip Cod	е					
E-mail address: (to be used for future annua	al report notification)					
For further information concerning this matter, please call:						
Name of Contact Person Area Code	Daytime Telephone Number					
MAILING ADDRESS:	STREET ADDRESS:					
Division of Corporations	Division of Corporations					
Registration Section	Registration Section					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	Tallahassee, FL 32301					
Enclosed is a check for the following amount:						
Please make check payable to: FLORIDA DEPARTMENT OF STA	ATE					
	0 Filing Fee & S160.00 Filing Fee, Certificate					
	fied Copy of Status & Certified Copy					

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:

(realite of Foreig	n Limited Liability Company; must include "Lim	ited Liability Company,	" "L.L.C" or "LLC.")	
name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The alternate name	must include "Limited Liabilit	y Company," "L.L.C," or "LL.C."
Delaware (Jurisdiction under the law of s	which foreign limited liability company is organized)	388-	1460701 (FEI number.	(fapplicable)
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mune penalty liability)		_
4265 SAN FELIF	PE STREET, STE 970	6. 4265 S	AN FELIPE STI	REET, STE 970
HOUSTON, TX	77027	HOUS	ΓΟΝ, TX 77027	
Name and street addre	ess of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	SECRE I
Name:	CORPORATION SERVICE	COMPANY		29
Office Address:	1201 HAYS ST			1 3: 1 3:
	TALLAHASSEE	, F	lorida 32301 (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.

(Registered 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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Gardner Dudley Name: Logan Walters Manager Manager Manager Address: 4265 San Felipe Street, Suite 970 Address: 4265 San Felipe Street, Suite 970 Member 1 Member Houston, TX 77027 Houston, TX 77027 Authorized Authorized Person Person Other Other _____ Other_ Other Name: Manager Manager Name: Address: _____ Member Address: ☐ Member Authorized ☐ Authorized Person Person Other____ Other_____ Other___ Other Name: Manager Manager ☐ Member Member Address: Address: Authorized Authorized Person Person Other____ 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. Signature of an authorized person GARDNER DUDLEY

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "STS RECYCLING RE 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 MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STS RECYCLING RELLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2022.

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

Authentication: 203038133

Date: 03-29-22