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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (352) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

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

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Foreign Limited Liability Company
MetalMax, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. FRANKLIN

DEC - 7 2022
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.04, FLORIDA STATUTE, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MetalMax, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.P.")

MetalMax Roofing & Siding LLC

If none is stated, refer to state of origin for the purpose of transacting business in Florida. The state name must include "Limited Liability Company," "LLC," or "L.P."

2. Tennessee

3. 27-0317136

(The state or other jurisdiction in which foreign limited liability company is organized)

(If Tennessee, if applicable)

4. (If the foreign limited liability company is a Florida corporation, please provide the Florida corporation's name and address for the purpose of transacting business in Florida. The state name must include "Limited Liability Company," "LLC," or "L.P.")

5. 900 CPT JOE FULGHUM DR

P.O. BOX 331973

(Street Address or Principal Office)

(Mailing Address)

MURFREESBORO, TN 37129

MURFREESBORO, TN 37133

6. 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

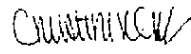
Plantation

Florida 33324

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



Christine Eelm, Assistant Secretary

(If Limited Liability Company)

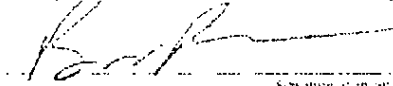
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: BRIAN BERRYMAN	☒ Manager	Name: STACEY NORROD
☒ Member	Address: 900 CPT JOE FULGHUM DR	☒ Member	Address: 900 CPT JOE FULGHUM DR
☒ Authorized	MURFREESBORO, TN 37129	☒ Authorized	MURFREESBORO, TN 37129
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☒ Manager	Name: GARY HENDERSON	☐ Manager	Name:
☒ Member	Address: 900 CPT JOE FULGHUM DR	☐ Member	Address:
☒ Authorized	MURFREESBORO, TN 37129	☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

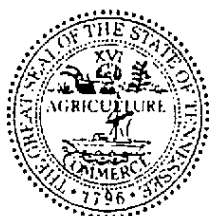
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0263(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

BRIAN BERRYMAN

Typed or printed name of signer



Tre Hargett
Secretary of State

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

WK EFF
WK EFF
600 SOUTH
SPRINGFIELD, IL 62704

December 1, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0505771

Issuance Date: 12/01/2022
Copies Requested: 1

Document Receipt

Receipt #: 007625232 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3840964836 \$20.00

Regarding: MetalMax, LLC
Filing Type: Limited Liability Company - Domestic Control #: 602957
Formation/Qualification Date: 05/21/2009 Date Formed: 05/21/2009
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: RUTHERFORD 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

MetalMax, 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.

Tre Hargett
Tre Hargett

Secretary of State

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