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(((H23000035235 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 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. \*\* rchance@republicolastics.com

Email Address:

## Foreign Limited Liability Company Plastics Operations Management, LLC

| Certificate of Status | U        |
|-----------------------|----------|
| Certified Copy        | l l      |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

Please file first before coversheet: H23000035278 3, thank vou! 1-2 filing.

2023

Electronic Filing Menu — Corporate Filing Menu



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

|                                   | magement, LLC   | Liability Company, "T.L.C., or "I,I C")                    |                                       |
|-----------------------------------|---|--|---------------------------------------|
| (Name of Foreign                  | United Eability Company must include Timited  | Liability Company, "E.L.C., or "LLC")                      |                                       |
|                                   |   |  |                                       |
| rame unavariable, enter attenute  | name additional for the purpose of transacting business in Florida.   | orda. The alternate name must include "Fainted Fralolity C | company "E.I.C. or "LE                |
| Texas                             |   | 45-3791887   |                                       |
| thresdation under the law of a    | which foreign limited liability company is organized.   | 3 (1) I number of ap                                       | plic di e i                           |
|                                   |   |  | <del></del> 2                         |
| 7/1/2022                          |   |  |                                       |
|                                   | (Date last transacted by oness in Florida at prior to a<br>(See sections 605 0904 & 1905 0905, U.S. to determin | egistration)<br>re penulis habilits ;                      |                                       |
| 355 Schumann Road                 |   | 355 Schumann Road  | 2                                     |
| reet Address of Principal Office) |   | 6 (Walling Address)  | <u></u> _                             |
| Mequeency, TX 7812.               |   | Mequeoney, TN 78123  |                                       |
| Micqueency, TX 7812.              |   | stequeedey, 1.x 7812.5                                     |                                       |
|                                   |   |  | · · · · · · · · · · · · · · · · · · · |
|                                   |   |  |                                       |
|                                   |   |  |                                       |
|                                   |   |  |                                       |
| Name and street addre             | ss of Florida registered agent (P.O. Box  | <u>NOT</u> acceptable)                                     |                                       |
| Name and street addre             |   | <u>NOT</u> acceptable)                                     |                                       |
|                                   | C T Corporation System  |  |                                       |
| Name and street addre             | C T Corporation System  |  |                                       |
|                                   | C T Corporation System  |  |                                       |
| Name.                             | C T Corporation System 1200 South Pinc Island Road  |  |                                       |
| Name.                             | C T Corporation System  |  |                                       |

(Registered agent's signature)

To:

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:                     |
|-------------------------|----------------------------|--------------------|---------------------------------------|
| X Manager               | Name:                      | X Manager          | Name: Doug Ross                       |
| □ Member                | Address: 3695 Broadmoor    | □Member            | Address 855 Schumann Road             |
| □ Authorized            | Prisco, TX 75033           | Z Authorized       | Mequeeney, TX 78123                   |
| Person                  |                            | Person             |                                       |
| ≟ Other                 |                            | 2 Other            | Other                                 |
| $\underline{X}$ Manager | Name: Jason Schroeder      | □ Manager          | Name:                                 |
| □Member                 | Address: 355 Schumann Road | □Member            | Address: 1                            |
| - Authorized            | Mequeeney, TX 78123        | - Authorized       | · · · · · · · · · · · · · · · · · · · |
| Person                  |                            | Person             | 23                                    |
| □ Other                 |                            | □Other             | Other                                 |
|                         |                            |                    | 2                                     |
| □Manager                | Name:                      | □Manager           | Name:                                 |
| Member                  | Address:                   | - Atember          | Address:                              |
| □ Authorized            |                            | ☐ Authorized       |                                       |
| Person                  |                            | Person             |                                       |
| Other                   | Other                      | TOther             | 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 \$ 817,135, F.S.

| $\sim$          |                                    |  |
|-----------------|------------------------------------|--|
|                 | Signature of an airth resed person |  |
| Jason Schroeder |                                    |  |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

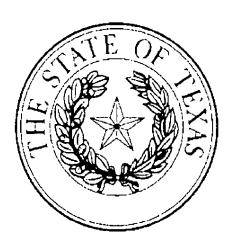
## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PLASTICS OPERATIONS MANAGEMENT, LLC (file number 801503625), a Domestic Limited Liability Company (LLC), was filed in this office on November 04, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my-name officially and caused to be impressed hereon the Seal of State at my office in Austin. Texas on January 19, 2023.



gave Helson

Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services Document: 1214859330014

Phone: (512) 463-5555 Prepared by SOS-WEB