

M23000005207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

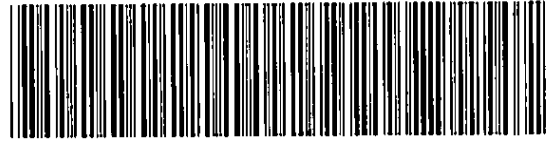
(Document Number)

26

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2023 APR 21 PM 10:48

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FLORIDA
DPB

S. ROBERTS

APR 24 2023



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 04/21/23
Order #: 1207128-3
Re: Titan Florida Cement LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

AUTHORIZATION:

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TITAN FLORIDA CEMENT LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karen K. Britton

Name of Person

Titan America LLC

Firm/Company

5700 Lake Wright Drive, Suite 300

Address

Norfolk, VA 23502

City/State and Zip Code

SCoons@titanamerica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Coons

757

858-6533

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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:

1. TITAN FLORIDA CEMENT 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," "L.L.C.," or "LLC.")

2. Delaware 92-3515558
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5700 Lake Wright Drive, Suite 300
(Street Address of Principal Office)
Norfolk, VA 23502
6. (Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301-2525
(City) Florida (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.

Alexis Weiland-Sorenson, ACP
(Registered agent's signature)

2023 APR 21 PM 10:48

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>
<input type="checkbox"/> Manager	Name: Randy Dunlap
<input type="checkbox"/> Member	Address: 5700 Lake Wright Drive
<input type="checkbox"/> Authorized	Suite 300
Person	Norfolk, VA 23502
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other

☐ Manager Name: Jennifer M. Rafferty

☐ Member Address: 5700 Lake Wright Drive

☐ Authorized Suite 300

Person Norfolk, VA 24502

☒ Other VP & GC ☐ Other _____

☐ Manager Name: Christopher R. Chater

☐ Member Address: 5700 Lake Wright Drive

☐ Authorized Suite 300

Person Norfolk, VA 23502

☒ Other C.A.T. Officer ☐ Other

<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	Carl J. Peterson	
<input type="checkbox"/> Member	Address:	5700 Lake Wright Drive	
<input type="checkbox"/> Authorized		Suite 300	
Person		Norfolk, VA 23502	
<input checked="" type="checkbox"/> Other	VP & GC	<input type="checkbox"/> Other	

☐ Manager Name: Karen V. Fittler

☐ Member Address: 5700 Lake Wright Drive

☐ Authorized Suite 300

Person Norfolk, VA 23502

☒ Other Treasury Director ☐ Other _____

☐ Manager Name: Lawrence W. Wilt, Jr.

☐ Member Address: 5700 Lake Wright Drive

☐ Authorized Suite 300

Person Norfolk, VA 23502

☒ Other VP & CFO ☐ 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.

Carl J. Peterson
Signature of an authorized person

Carl J. Peterson, Vice President, General Counsel & Assistant Secretary

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TITAN FLORIDA CEMENT 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 TWENTIETH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TITAN FLORIDA CEMENT LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

7349921 8300

SR# 20231540706

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203179610

Date: 04-20-23