

M23000014412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

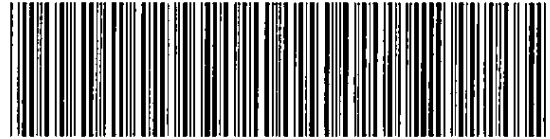
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV -9 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2023 NOV -9 PM 12:45

NOV 13 2023

K. Brumley

2

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/09/2023

Acc#I20160000072

Ken: L SW

Name:	Mid-States Bolt & Screw LLC
Document #:	
Order #:	15209775 - 30

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1. Process Inc Withdrawal 2. Process LLC Registration	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

KenR@midstatesbolt.com

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: \$ **155.00**

Thank you!

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. Mid-States Bolt & Screw 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. Michigan 38-2095876
(Jurisdiction under the law of which foreign limited liability company is organized) (FEF number, if applicable)

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

5. 4126 Somers Drive
(Street Address of Principal Office)
Burton, Michigan 48529
6. 4126 Somers Drive
(Mailing Address)
Burton, Michigan 48529

7. 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
(City) (Zip code)

2023 NOV -9 PM 12:45
FILED
AS REQUIRED

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: C T Corporation System
Madonna Cuddihy
(Registered agent's signature)
Madonna.Cuddihy@wolterskluwer.com

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 checked="" type="checkbox"/> Manager	Name: <u>Constantine Elefter</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Nick Stender</u>
<input type="checkbox"/> Member	Address: <u>4126 Somers Drive</u>	<input type="checkbox"/> Member	Address: <u>4126 Somers Drive</u>
<input type="checkbox"/> Authorized	<u>Burton, Michigan 48529</u>	<input type="checkbox"/> Authorized	<u>Burton, Michigan 48529</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>VP/ Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Graham Schena</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Scott R. Somers</u>
<input type="checkbox"/> Member	Address: <u>4126 Somers Drive</u>	<input type="checkbox"/> Member	Address: <u>4126 Somers Drive</u>
<input type="checkbox"/> Authorized	<u>Burton, Michigan 48529</u>	<input type="checkbox"/> Authorized	<u>Burton, Michigan 48529</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Senior VP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Matthew J. Somers</u>	<input type="checkbox"/> Manager	Name: <u>Kenneth Rappuhn</u>
<input type="checkbox"/> Member	Address: <u>4126 Somers Drive</u>	<input type="checkbox"/> Member	Address: <u>4126 Somers Drive</u>
<input type="checkbox"/> Authorized	<u>Burton, Michigan 48529</u>	<input type="checkbox"/> Authorized	<u>Burton, Michigan 48529</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Senior VP</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<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)

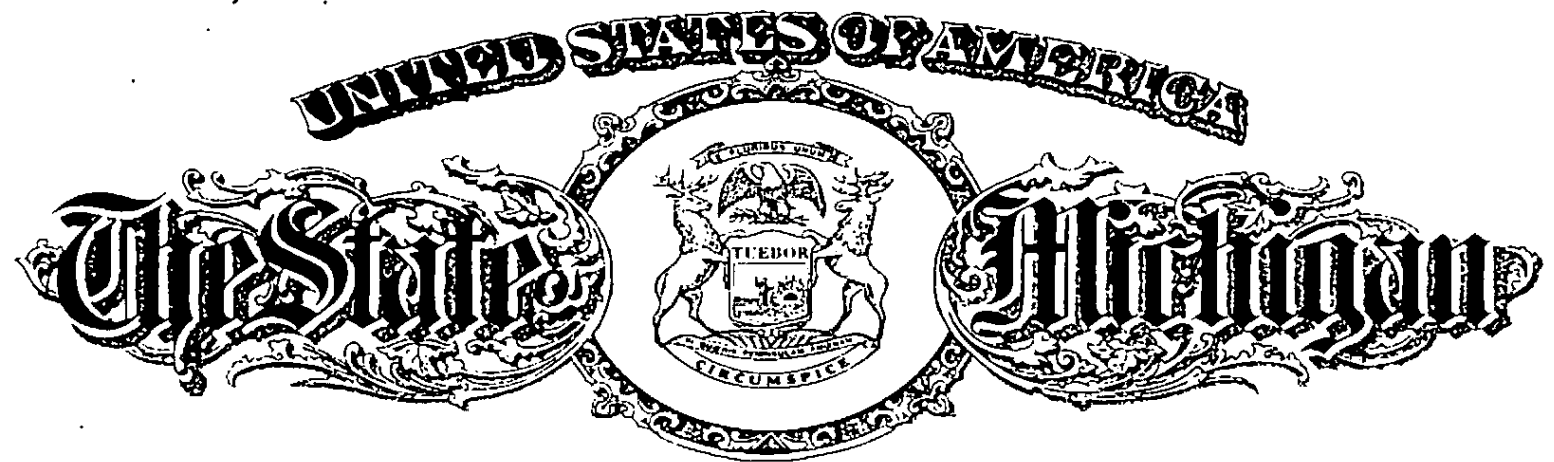
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by
KENNETH RAPPUHN
330CE853C3EE+38

Signature of an authorized person

Kenneth Rappuhn

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MID-STATES BOLT & SCREW LLC

*was validly authorized on February 6, 1976, as a Michigan
DOMESTIC LIMITED LIABILITY COMPANY
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 23110188509

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 8th day of November, 2023.*

A handwritten signature in cursive script, reading 'Linda Clegg'.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau