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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

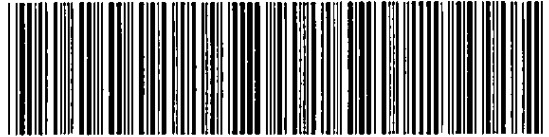
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Legal Counsel.

DINSMORE & SHOHL LLP
900 Wilshire Drive, Suite 300
Troy, MI 48084
www.dinsmore.com

Walter Lanza
(248) 203-1634 (direct) · (248) 647-5210 (fax)
Walter.Lanza@Dinsmore.com
CorrespondenceTag

January 26, 2024

VIA FEDEX PRIORITY OVERNIGHT
2702 3651 8942

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314

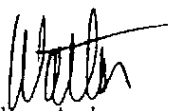
Re: THYSSENKRUPP MATERIALS, LLC, a Michigan limited liability company

Dear Sir/Madam:

Enclosed please find an executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with respect to the above listed entity. Also, I am enclosing a check in the amount of \$125.00 for the filing fee (check no. 232283).

At your convenience, please return the filed evidence to my attention in the enclosed self-addressed stamped envelope.

Thank you.


Walter A. Lanza
Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THYSSENKRUPP MATERIALS, 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:

WALTER LANZA

Name of Person

DINSMORE & SHOHL LLP

Firm/Company

900 WILSHIRE DRIVE, SUITE 300

Address

TROY, MICHIGAN 48084

City/State and Zip Code

WALTER.LANZA@DINSMORE.COM

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

For further information concerning this matter, please call:

WALTER LANZA

248

203-1634

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. THYSSENKRUPP MATERIALS, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-0790059
(FEI number, if applicable)

4. 01/26/2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6811 SOUTH 204TH STREET
(Street Address of Principal Office)

6. 6811 SOUTH 204TH STREET
(Mailing Address)

SUITE 400

KENT, WA 98032

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Andrea Mancari
(Registered agent's signature)

Andrea Mancari, Asst. Secretary

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:**

☒ Manager Name: GARY LOWE

☐ Member Address: 6811 SOUTH 204TH STREET

☐ Authorized SUITE 400

Person KENT, WA 98032

☒ Other CEO ☒ Other PRESIDENT

☐ Manager Name: JILL H. KARANA

☐ Member Address: 9450 SW GEMINI DR.

☐ Authorized SUITE 28424

Person BEAVERTON, OR 97008-7105

☒ Other ASSISTANT SECRETARY ☐ Other _____

☐ Manager Name: PATRICK MAROUS

☐ Member Address: 6811 SOUTH 204TH STREET

☐ Authorized SUITE 400

Person KENT, WA 98032

☒ Other CHAIRMAN ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: BENJAMIN A. WORKS

☐ Member Address: 6811 SOUTH 204TH STREET

☐ Authorized SUITE 400

Person KENT, WA 98032

☒ Other CFO ☒ Other SECRETARY

☐ Manager Name: KATARZYNA GYGAS

☐ Member Address: 9450 SW GEMINI DR.

☐ Authorized SUITE 28424

Person BEAVERTON, OR 97008-7105

☒ Other ASSISTANT SECRETARY ☐ Other _____

☐ Manager Name: SARA ROER

☐ Member Address: 9450 SW GEMINI DR.

☐ Authorized SUITE 28424

Person BEAVERTON, OR 97008-7105

☒ Other TAX OFFICER ☐ Other _____

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TALLAHASSEE, FLORIDA
CLERK OF THE COURT

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:

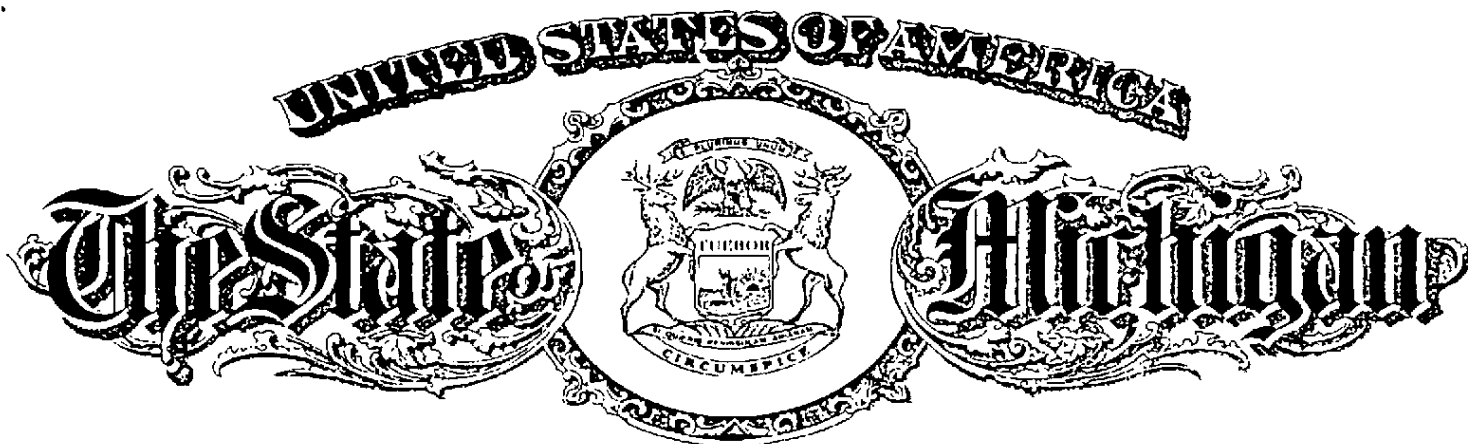
JILL H. KARANA

1/25/2024 1:11 PM

Signature of an authorized person

JILL H. KARANA, ASSISTANT SECRETARY

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

THYSSENKRUPP MATERIALS, LLC

*was validly authorized on December 1, 2006, 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.*



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 12th day of December, 2023.*

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 23120245201