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TERESA A. NOESKE DIRECT DIAL (608) 258-7137 TAN@WHDLAW.COM

January 22, 1999

#### Via Federal Express

Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

**700002753687--**-01/25/99--01110--020 \*\*\*\*285.00 \*\*\*\*285.00

Re: Safway Formwork Systems, L.L.C. qualification

#### Dear Sir or Madam:

I:\DMS\TAN\0037664.01

Enclosed for filing are the following documents for Safway Formwork Systems, L.L.C.:

- 1. Duplicate Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 2. Certificate of Designation of Registered Agent / Registered Office.
- 3. Delaware Certificate of Good Standing.

Also enclosed is a check in the amount of \$285 for the filing fees.

Please acknowledge filing of the Application on the enclosed copy of the Application and

return it to the undersigned in the prepaid envelope provided. Name 96/96 **Availability** Fhank you very much for your assistance. Document DCC Very truly yours, Transiner . DCC 10.72 Teresa A. Noeske Updale: Paralegal Verifyer Enclosure. Acknowledgement Mark Smith Michael J. Klinker DCC w. P. Verifyer 261000000 pp,

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

IN COMPLIANCE WITH SECTION 608.503,	FLORIDA STATUTES, THE	FOLLOWING IS SUBMITTED :	TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSA	CT BUSINESS IN THE STATE	EOF FLORIDA:	,

DE		3.	39-1944699	
urisdiction	on under the law of which foreign lines organized)	nited liability	(FEI number, if applical	ble)
11/4,	(Date of Organization)	5	Perpetual (Duration: Year limited liability compexist or "perpetual")	$-\Omega$
Janua	ary, 1999 (Date first transacted business	in Florida. (See sec	tions 608.501, 608.502, and 817.155,	F.S.) 15. 25
N14	W23833 Stone Ridge Drive			PR T
· <del></del>		· · · · · · · · · · · · · · · · · · ·		* 30 A S
		(Street address of p	imcipal office)	
		~ ~	member[MGRM] or manager[a prida: (attach additional page if a name NAME & ADDRESS:	<del>_</del>
	age the foreign limited liability	company in Flo	orida: (attach additional page if	necessary)
	age the foreign limited liability  NAME & ADDRESS:	company in Flo TITLE: MGR_	orida: (attach additional page if	necessary)
	age the foreign limited liability  NAME & ADDRESS:  Marc Wilson	company in Flo TITLE: MGR_	orida: (attach additional page if	necessary)
	age the foreign limited liability  NAME & ADDRESS:  Marc Wilson  N14 W23833 Stone Ridge	company in Flo TITLE: MGR_	NAME & ADDRESS:	necessary)
	NAME & ADDRESS:  Marc Wilson  N14 W23833 Stone Ridg.  Waukesha, WI 53188  Dr. Alfons Vogt  N14 W23833 Stone Ridg.	r company in Flo TITLE:  MGR  Suite 400  MGR	NAME & ADDRESS:	necessary)
	NAME & ADDRESS:  Marc Wilson  N14 W23833 Stone Ridg.  Waukesha, WI 53188  Dr. Alfons Vogt  N14 W23833 Stone Ridg.  Waukesha, WI 53188	TITLE:  MGR e. Suite 400  MGR  MGR  MGR  MGR  MGR  MGR  MGR	NAME & ADDRESS:	necessary)
	NAME & ADDRESS:  Marc Wilson  N14 W23833 Stone Ridge  Waukesha, WI 53188  Dr. Alfons Vogt  N14 W23833 Stone Ridge  Waukesha, WI 53188	r company in Floor TITLE:  MGR  e, Suite 400  MGR  e, Suite 400  MGR  e, Suite 400	NAME & ADDRESS:	necessary)
	NAME & ADDRESS:  Marc Wilson  N14 W23833 Stone Ridg.  Waukesha, WI 53188  Dr. Alfons Vogt  N14 W23833 Stone Ridg.  Waukesha, WI 53188	r company in Floor TITLE:  MGR  e, Suite 400  MGR  e, Suite 400  MGR  e, Suite 400	NAME & ADDRESS:	necessary)

language, a translation of the certificate under oath of the translator must be submitted.)

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative	e of a member of	Safway F	ormwork	
Systems, L.L.C.	certifies:			
1) the above named limited liability company has at	least one member;			
2) the total amount of cash contributed by the memb	er(s) is		55.55. <b>99</b>	0,000;
<ul> <li>3) if any, the agreed value of property other than cast. (A description of the property is attached and mad and</li> <li>4) the total amount of cash and property contributed by member(s) is</li> </ul>	e a part hereto.)	``	r	m
(This total includes amounts from 2 and 3 above.)			AGE 30	3
* Landelu				
Signature of a member or an aut (In accordance with section 608.408(3), affidavit constitutes an affirmation under	Florida Statutes, the execu	tion of this	nber.	

Filing Fee: \$250.00 for Application and Affidavit

Safway Steel Products Inc. (member) By: Jon P. Weber, Secretary

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: SAFWAY FORMWORK SYSTE	MS, L.I	<u>i.C.</u>	-
		TVTI SEC	99	-
2.	The name and address of the registered agent and office is:		JAN 25	77
	C T CORPORATION SYSTEM		വ	T
	(Name)		<u> </u>	Ü
	c/o C T CORPORATION, 1200 South Pine Island Road,	25		
•	(P.O. Box <u>not</u> acceptable)	一言	30	
	Plantation, Florida 33324	<u> </u>		
	(City/State/Zip)			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

December 9, 1998
(Signature) December 9, 1998

FILINGFEE: \$35 for Designation of Registered Agent

# State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFWAY FORMWORK SYSTEMS, L.L.C." 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 NINTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

9 JAN 25 PM 1: 30 ECKELALI DE STATE HI AN VESSE ELORIDA

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

DATE:

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12-09-98