

Filing Fee: \$150.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

2011 JUN 24 AM 10:21

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

ALPIEAST, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of

Delaware

4. The date of its organization is

4/21/2011

5. The period of duration of the limited liability company is (if perpetual, so state)

Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

222 Jefferson Blvd Suite 200
(Street Address, not P.O. Box)

Warwick
(City/Town)

, RI

02888
(Zip Code)

and the name of the resident agent at such address is

Corporation Service Company
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

19142 Molalla Ave. Suite B
Oregon City, OR 97045

9. The mailing address for the limited liability company is:

19142 Molalla Ave Suite B
Oregon City, OR 97045

FILED

JUN 24 2011

By

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10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
Jim Brown	19142 Molalla Ave. Suite B, Oregon City, OR 97045
Donald Evanston	19142 Molalla Ave Suite B, Oregon City OR 97045

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 5/26/2011

ALPIEAST, LLC
Print Exact Name of Limited Liability Company Making Application

By DAEman
Signature of authorized person

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ALPIEAST, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2011, AT 3:52 O'CLOCK P.M.



4972295 8100

110443025

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8712892

DATE: 04-25-11

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF
ALPIEAST, LLC

FIRST The name of the limited liability company is ALPIEAST, LLC

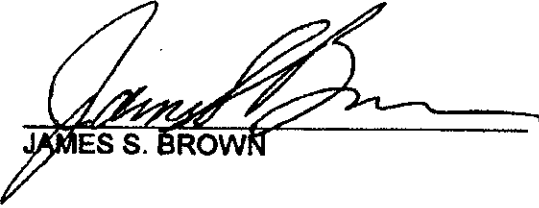
SECOND The address of its registered office in the State of Delaware is Corporation Service Company, 2711 Centerville Road, Suite 400, in the City of Wilmington, DE, 19808. The name of its Registered agent at such address is The Corporation Service Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of ALPIEAST, L.L.C. this 14 day of April, 2011.

MEMBERS Sign Below:

ALPINE STEEL, INC.

By: DA Evanson
DONALD A. EVANSON, PRESIDENT


JAMES S. BROWN



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

