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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

*Enter—the email address for this business entity to be used for future rannual report mailings. Enter only one email address please.**

: Email Address: _

FOREIGN PROFIT/NONPROFIT CORPORATION Supacolor USA, Inc.

Certificate of Status	, 0
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S. ROBERTS

APR 2 5 2023

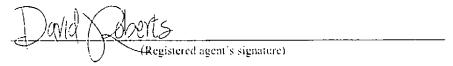
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

١.	Supacolor U	SA, Inc.		
		orporation: must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"	1
(If name unavaila	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting business	in Florida)
2.	California	3		
•	(State or countr	y under the law of which it is incorporated)		
4.	01/22/2019	5		
(Date of incorporation)		of incorporation)	(Date of duration, if other than perpetual)	
6.				<u> </u>
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
, -	7001 Ath St N	N STE 300, St. Petersburg, FL 33702		
/ <u>.</u>	301 4111 311	(Principal office	street address)	2023 1.1 7 2/4
7	7901 4th St N	STE 300, St. Petersburg, FL 33702	•	دي. سيا
_		(Current mailing a	ddress, if different)	~~~~
8. i	Name and <u>stree</u>	t address of Florida registered agent: (P.O. 1	Box NOT acceptable)	
	Name:	Registered Agents Inc		بن. ن
ŌfΙ	ice Address:	7901 4th St N STE 300		٢
		St. Petersburg	Florida <u>33702</u>	
		(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Name: RAMNEEK WALIA □ Chairman **EJChairman** Wice Chairman Address: 7901 4th St N STE 300 ☐ Vice Chairman Address: _____ St. Petersburg, FL 33702 **X**Director Director X-President President □Vice President □Vice President ** Secretary XSecretary. X Treasurer Il Treasurer [[Other_____ □Other _____ ______ □Other _____ Name: □ Chairman Name: □Chairman □Vice Chairman = Address: □Vice Chairman Address: _____ □ Director □Director □President ElPresident □Vice President □ Vice President Treasurer ☐ Secretary [] Freasmer □ Secretary □Other □Other _____ □Other _____ []Other_____ Name: Name: _____ □ Chairman □ Chairman ∐Vice Chairman - Address: _____ [_Vice Chairman | Address: _____ ☐ Director □ Director **President** President Wice President □ Vice President ∃Treasurer L.Treasurer _!Secretary **∐**Secretary COther []Other____ □Other _____ □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. RAMNEEK WALIA - President

(Typed or printed name and capacity of person signing application)



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SUPACOLOR USA, INC.

Entity No.: 4230767 Registration Date: 01/22/2019

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

SEAL OF SEAL O

IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of April 20. 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 101709521

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.