

11/28/22, 5:29 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M2200017757

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000400632 3)))



H220004006323ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

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

Email Address: _____

2022 NOV 29 10 32

**Foreign Limited Liability Company
 3D International LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 NOV 29 PM 2:42
 RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

APPROVED
 AND
 FILED

Electronic Filing Menu Corporate Filing Menu Help

**NOV 30 2022
 K. Brumby**

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. 3D International 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)

5. 20724 Centre Pointe Parkway, Unit #1 (Street Address of Principal Office) Santa Clarita, California 91350 6. 20724 Centre Pointe Parkway, Unit #1 (Mailing Address) Santa Clarita, California 91350

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

Name: C T Corporation System Office Address: 1209 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

APPROVED AND FILED 2022 NOV 29 PM 2:42

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, Kaity Toon, Asst Sec (Registered agent's signature)

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>Peter Taft</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Constantine P. Elefter</u>
<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>	<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>
<input type="checkbox"/> Authorized Person	<u>Suite 2500</u> <u>Cleveland, Ohio 44114</u>	<input type="checkbox"/> Authorized Person	<u>Suite 2500</u> <u>Cleveland, Ohio 44114</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Nathan Iverson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tim Knight</u>
<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>	<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>
<input type="checkbox"/> Authorized Person	<u>Suite 2500</u> <u>Cleveland, Ohio 44114</u>	<input type="checkbox"/> Authorized Person	<u>Suite 2500</u> <u>Cleveland, Ohio 44114</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Paul Kindziarski</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tuncer Goren</u>
<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>	<input type="checkbox"/> Member	Address: <u>20724 Centre Pointe Parkway</u>
<input type="checkbox"/> Authorized Person	<u>Suite 2500</u> <u>Cleveland, Ohio 44114</u>	<input type="checkbox"/> Authorized Person	<u>Unit #1</u> <u>Santa Clarita, California 91350</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

Constantine P. Elefter
Signature of an authorized person

Constantine P. Elefter
Typed or printed name of signer

Delaware


Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3D INTERNATIONAL LLC" 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 TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

7060548 8300

SR# 20224114019

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

Authentication: 204947639

Date: 11-28-22