# FOLOOOS 2194 4

TO: Registration Section Division of Corporations	
SUBJECT: PowerLoom Corporation	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact "Certificate of Existence", and check are submitted to register the above reference to transact business in Florida.	ed foreign corporation
rease retain an correspondence concerning in smatter to the following:	00040366358 -04/20/0101120001 *****87.50 *****87.50
Ganesh Mani	200
(Name of Person)	
PowerLoom Corporation	
(Firm/Company)	
One Gateway Center. Suite 425	
One Gateway Center, Suite 425 (Address)	
Pittsburgh, PA 15222	
Pittsburgh, PA 15222 (City/State and Zip code)	
For further information concerning this matter, please call:	
, presso sum.	
Ganesh Man; at (412) 880-5300	
(Name of Person) (Area Code & Daytime Telephone	Number)
STREET ADDRESS: MAILING ADDRESS:	2 7
Registration Section Registration Section	20 [
Division of Corporations  409 E. Gaines St.  Division of Corporations P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	int.
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certificate of Status Certified Copy	\$87.50 Filing Fee, 4/25 Certificate of Status & Certified Copy

## 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.

1. Power Loom Corporation	
(Name of corporation; must include the word "INCORPORATED",	"COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indinatural person or partnership if not so contained in the name at prese	cate that it is a corporation instead of a
2. Pennsylvania 3. 2 (State or country under the law of which it is incorporated)	
	(FEI number, if applicable)
4. <u>December 9, 1999</u> 5. 100 (Date of incorporation)	perpetual
(Date of incorporation) (Date	rration: Year corp. will cease to exist or "perpetual")
C HOME SHAPES IN	
(Date first transacted business in Florida. If corporation has not trans (SEE SECTIONS 607.1501, 607.	acted business in Florida, insert "upon qualification.") .1502 and 817.155, F.S.)
7. One Gateway Center, Suite 425, Pi (Principal office address)  One Gateway Center, Suite 425, Pi- (Current mailing address)	
8. Research and development in collaboration (Purpose(s) of corporation authorized in home state or country	n with the University of South Florida to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O	. Box or Mail Drop Box NOT acceptable?
Name: Joshua Johnson	
Office Address: 14502 Raven Brook #304	20 -
Tampa (City)	Box or Mail Drop Box NOT acceptable?  , Florida 33613 (Zip code)
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of	

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.

(Registered agent's signature)

11. 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.

Names and	l business	addresses	of	officers	and/or	directors.
	Names and	Names and business	Names and business addresses	Names and business addresses of	Names and business addresses of officers	Names and business addresses of officers and/or

Chairman:  Address:  Vice Chairman:  Address:			
Address:  Vice Chairman:  Address:			
Vice Chairman:  Address:			To Safe
Vice Chairman:  Address:		- , <u></u> .	
Address:	· <u>-</u>		
and the second s			
Directors: Steven Fischetti, Dwight Dietrich, Ganesh Mani,	and Sta	eve	Katz
Address: One Gateway Center Suite 425			
Pittsburgh, PA 15222			<u> </u>
Director:		<u>:</u>	Tax
Address:			<u></u>
Presidents: Dwight Dietrich and Ganesh Mani Address: One Gateway Center, Suite 425			· · · · · · · · · · · · · · · · · · ·
Pittsburgh, PA 15222			
Vice Presidents: Dwight Dietrich and Ganesh Mani		- <del>2</del> 2 -21	et
Address: One Gateway Center Suite 425		<u> </u>	1
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5			<del></del>
	<u> </u>	<del></del> _	<u> </u>
Address: One Gateway Center, Suite 425, Pittsburgh, PA	15222		
Treasurer: <u>Steven Fischetti</u> Address: <u>One Gateway Center, Snite 425, Pittsburgh, PA</u>	15222		·
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or di	irectors	5.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 o	of the applica	ation)	3
14. GANESH MANI, Co-PRESIDENT  (Typed or printed name and capacity of person signing application)		,	

# COMMONWEALTH OF PENNSYLVANIA

# DEPARTMENT OF STATE

APRIL 05, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### POWERLOOM CORPORATION

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

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Secretary of the Commonwealth