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J. SHINGLE MAR 17 SOUR!

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Sapa HE Tubing, Inc.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Peter P. VanderVelde, Esq.
Name of Person
Sapa HE Tubing, Inc.
Firm/Company
Airport Office Park, Building 2, 400 Rouser Road
Address
Moon Township, PA 15108
Moon Township, PA 15108 City/State and Zip code peter.vandervelde@sapagroup.com
peter.vandervelde@sapagroup.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy King at (412) 299-7218
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☑ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, 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.

	ng, Inc.			
	corporation; must include "INCORPORATI forp," "Inc," "Co," or "Corp.")	ED," "C	COMPANY," "CORPORATION,"	
Sapa Extrusio	ns			
(If name unavai	able in Florida, enter alternate corporate na	me adop	oted for the purpose of transacting by	asiness in Florida)
Delaware		3. 20-	8803006	
(State or country	under the law of which it is incorporated)		(FEI number, if applical	ole)
01/09/2007		5. Per	petual	
(Date	of incorporation)	(Dt	uration: Year corp. will cease to exi	st or "perpetual")
01/01/2010				
		7.1502, 1		
·	ark, Building 2, 400 Rouser Road, Moor (Principal office : 71, Pittsburgh, PA 15253	Towns		TF
P.O. Box 5352	(Principal office :	Towns		2010 HAR Security SALL AHAS
P.O. Box 5352	(Principal office a 71, Pittsburgh, PA 15253 (Current mailing a	n Towns (ddress)		
P.O. Box 5352 Manufacture at (Purpose)	(Principal office a 71, Pittsburgh, PA 15253 (Current mailing a and sale of aluminum extrusions.	n Towns iddress) iddress)	y to be carried out in state of Florida	982
P.O. Box 5352 Manufacture at (Purpose)	(Principal office a 71, Pittsburgh, PA 15253 (Current mailing a and sale of aluminum extrusions. (a) of corporation authorized in home state of	n Towns iddress) iddress)	y to be carried out in state of Florida	982
P.O. Box 5352 Manufacture a (Purpose) Name and street	(Principal office and Principal office and Principal office and Sale of aluminum extrusions. (Principal office and Principal office and Sale of Sale	n Towns iddress) iddress)	y to be carried out in state of Florida	- CO
P.O. Box 5352 Manufacture at (Purpose) Name and street Name:	(Principal office : 71, Pittsburgh, PA 15253 (Current mailing : nd sale of aluminum extrusions. (c) of corporation authorized in home state of et address of Florida registered agent: (1)	n Towns iddress) iddress)	y to be carried out in state of Florida	982

10. 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.

(Registered agent's signature)

(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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Charman: Timothy Stubbs Address: Airport Office Park, Building 2, 400 Rouser Road Moon Township, PA 15108 Vice Chairman: Todd Presnick Address: Airport Office Park, Building 2, 400 Rouser Road Moon Township, PA 15108 Director: Peter P. VanderVelde Address: Airport Office Park, Building 2, 400 Rouser Road Moon Township, PA 15108 Director: Robert Rubicky Address: Airport Office Park, Building 2, 400 Rouser Road Moon Township, PA 15108 B. OFFICERS President: Timothy Stubbs Address: Airport Office Park, Building 2, 400 Rouser Road Moon Township, PA 15108 Vice President: Robert Rubicky Address: Airport Office Park, Building 2, 400 Rouser Road Airport Office Park, Building 2, 400 Rouser Road Secretary: Peter P. VanderVelde Airport Office Park, Building 2, 400 Rouser Road, Moon Township, PA 15108 Treasurer: Todd Presnick Address: Airport Office Park, Building 2, 400 Rouser Road, Moon Township, PA 15108 NOTE: If precessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer listed in number 12 of the application)

14. Todd Presnick, Vice President, Chief Financial Officer and Director

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAPA H E TUBING, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH,

A.D. 2010.

2010 HAR 16 AM 8: 42

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100254012

AUTHENTY CATION: 7864454

DATE: 03-11-10

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