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(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE

W10-52478

COVER LETTER

TO: New Filing Division of	Section Corporations		
SUBJECT: Gantr	ex Inc.		_
		on - must include suffix	_
Dear Sir or Madam:			
"Certificate of Exist		or Authorization to Transact Business in Florida," anding" and check are submitted to register the ness in Florida.	
Please return all cor	respondence concerning this matte	er to the following:	
Judy Riley			_
	Name o	of Person	
Gantrex Inc.			_
	Firm/Co	mpany	
2000 Oxford Drive	Suite 400	7. 2	_
		dress FC	
Bethel Park, PA 1	5102 (1973) (1973) (1974)		
A STATE OF THE STA	City/State	and Zip code	
judy.riley@gantrex.d		₩ <u>0</u> -	# _ = i
	E-mail address: (to be used	d for future annual report notification)	_
For further informat	ion concerning this matter, please	call:	- 14
Judy Riley	at (⁹⁰⁵	ր 686-0560	
Name of Pe		a Code & Daytime Telephone Number	
New Filing Division of Clifton Buil	Corporations ding tive Center Circle	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 Fe	e 🛒 🗷 - \$78:75 Filing Fee &	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certified Copy 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. Gantrex, Inc.				
	f corporation; must include "INCORPORAT "Corp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"	
(If name unava	uilable in Florida, enter alternate corporate na	ame ac	dopted for the purpose of transacting business in Florida)	-
2. Pennsylvania	a	32	26-1506279	_
(State or country under the law of which it is incorporated)			(FEI number, if applicable)	
4. November 8t	th, 2007	5.		_
(Da	te of incorporation)	7	Duration: Year corp. will cease to exist or "perpetual")	-
6.				_
			Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 60	7,150.	2, F.S., to determine penalty liability)	
7. <u> </u>	OCO CXFORD C (Principal office	<u>) (3.</u>	SUITE 400	-
	(Principal office	addres	55)	
	ETHEL FARK		MA 15100 8	-
	(Current mailing	addres	L CRI	Flo. df 900
 Sales for Crar 	ne Runway Systems		W.S.W.	77.00
*	(s) of corporation authorized in home state of	r cour	ntry to be carried out in state of Florida)	1
0 None - 1 - 4 - 4	- A - I I CEL - ' I ' A I A - A	ъ О	Box NOT acceptable)	g g g
9. Name and <u>stre</u>	eet address of Florida registered agent: (P.O. 1	Box NOT acceptable)	
Name:	Registered Agent Solutions Inc.			
Office Address:	155 Office Plaza Drive, Suite A		_	
	Tallahassee .		, Florida 32301	
	(City)		(Zip code)	

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 Chairman: ____ Address: Vice Chairman: Address: ___ Director: _ Address: ___ Director: _ **B. OFFICERS** President: Jean Francois Meaza Address: Barrio Elejalde 67 J 48113 Gamiz Vizcaya Spain Vice President: Didier Haegelsteen Address: Brescia Italy Brescia Italy Secretary: Mark Veydt Address: 41 Windcrest Cecil PA 15321 Treasurer: Karen Dewere Address: Rue du Happart 4- 1400 Nivelles Belgium NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.

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

MARK VEYOT

(Signature of Director or Officer listed in number 12 of the application)

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

JUNE 8, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GANTREX, INC.

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.

Secretary of the Commonwealth

Certification Number: 8820174-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp