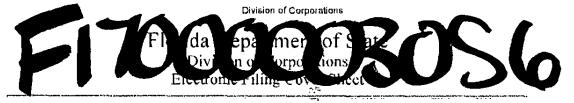
7/10/2017



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.

(((H17000179743 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (512)418-6949 Phone Fax Number : (954)208-0845

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

Cmad 1	Address:	
cmart	Address:	

FOREIGN PROFIT/NONPROFIT CORPORATION

Siser North America, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

D. SCOTT

 $\Omega(N)^{*}$

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Siser North America, Inc.			
ochoner.	Name of corp	oration - must includ	e suffix	·
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corpora f Existence," or "Certificate of Go ced foreign corporation to transac	od Standing" and ch		
Please return	all correspondence concerning thi	s matter to the follow	ing:	
Ny naora-amin'i dia dia 647644779. 1776-1779 ao amin'i Paris Carlos Carl	N	ame of Person		
	Fi	m/Company		
		Address		
eges y amounted to the second control of the	City	/State and Zip code		
	E-mail address: (to l	se used for future ann	ual report notification	on)
For further in	formation concerning this matter,	please call:		1200円 100円 100円 100円 100円 100円 100円 100円
Nam	e of Person A	rea Code Day	time Telephone Nu	mber 5: 55
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, FL 32301	Re Div P.C	AILING ADDRESS gistration Section vision of Corporatio D. Box 6327 llahassee, FL 32314	ns
Enclosed is a	check for the following amount:			
□ \$70.00 Fil	ling Fee		ору Со	7.50 Filing Fee, entificate of Status & entified 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. Siser North America, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7, 6353 E 14 Mile Rd, Sterling Heights, MI 48312 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.

C T Corporation System

(City)

By: Janifer Vincent | Ienifer Vincent, Assistant Secretary (Registered agent's signature)

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.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	Shakidana Marayay mejindakan array ya magan arraya sakara anya array array array array array array array array
Address:	
	·
Vice Chairman:	
Address:	
N. and an analysis of the state	,
Director:	
Address:	من م
Director:	
Address;	
	·
B. OFFICERS	
President: Chris A Lawson	
Address: 6353 E 14 Mile Rd	
Sterling Heights, MI 48312	
Vice President: Leslie Miller	
Address: 6353 E 14 Mile Rd	
Sterling Heights, M1 48312	المراجع
Secretary:	Sin E T
	81 5 m
Treasurer:	िंद प्र
Address:	- 196 8 -
NOTE: If necessary, you may attach an addendum to the application listing additional offi	icers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affirm are true and that he or she is aware that false information submitted in a document to the Dea third degree felony as provided for in s.817.155, F.S.	ns that the facts stated herein cpartment of State constitutes
13. Leslie Miller - Vice President & CFO	
(Typed or printed name and capacity of person signing application)

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SISER NORTH AMERICA, 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 SEVENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED MS: 55

3155776 8300 SR# 20175134672

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

Authentication: 202845907

Date: 07-07-17