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| equestor's Name) | | | | | |
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| ldress) | | | | | |
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| ty/State/Zip/Phone | e #) | | | | |
| WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| ΓΟ: Registration Section Division of Corporations | | | | |
|--|---|--|----------------|--|
| SUBJECT | CODE A CENTENTAL CODE | | | |
| SOBJECT | Name of corporation - | must include suffix | - | |
| Dear Sir or I | Madam: | | | |
| "Certificate | d "Application by Foreign Corporation for Au of Existence," or "Certificate of Good Standin need foreign corporation to transact business | ng" and check are submitted to register | orida," the | |
| Please return | all correspondence concerning this matter to | the following: | | |
| Kristina Schi | raldi, Manager, Legal Affairs | | | |
| | Name of Pe | rson | | |
| MAPEI Corp | oration | | | |
| | Firm/Compa | ny | | |
| 1144 East Ne | ewport Center Drive | | | |
| - | Address | | | |
| Deerfield Bea | ach, Florida 33442 | | | |
| | City/State and | Zip code | | |
| kschiraldi@n | | | ~, | |
| | E-mail address: (to be used for | future annual report notification) | 27 | |
| For further i | nformation concerning this matter, please call | : | - , | |
| Alessandro B | Alessandro Biondi 954 246-8651 | | - - - | |
| | ne of Person at () Area Code | Daytime Telephone Number | - 5: | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| | c | F STATE 178.75 Filing Fee & Certified Copy Certified Copy Certified C | of Status & | |

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.

| (If name unavai | lable in Florida, enter alternate corporate name a | dopted for the purpose of transacting hi | usiness in Florida |
|-----------------|---|--|--------------------|
| Delaware | | | |
| (State or count | ry under the law of which it is incorporated) | (FEI number, if applicable) | |
| May 15, 2017 | | ,,,, | -0.0, |
| (Dat | e of incorporation) 5. | (Date of duration if other than | nemetual) |
| | (Date first transacted business in | | perpetuar) |
| | 1 | 2, 1.5., to determine penalty hability) | |
| | ort Center Drive, Deerfield Beach, Florida 33442 | e <u>street</u> address) | |
| | ort Center Drive, Deerfield Beach, Florida 33442 (Principal office | <u>. </u> | |
| 1144 East Newp | ort Center Drive, Deerfield Beach, Florida 33442 (Principal office) (Current mailing) | e street address) address, if different) | 2623 |
| 1144 East Newp | ort Center Drive, Deerfield Beach, Florida 33442 (Principal office | e street address) address, if different) | -, |
| Name and street | (Principal office (Current mailing et address of Florida registered agent: (P.O. Corporation Service Company | address, if different) Box NOT acceptable) | 2011 : 22 |
| 1144 East Newp | (Principal office (Current mailing) et address of Florida registered agent: (P.O. Corporation Service Company | address, if different) Box NOT acceptable) | 77. 70. 100 |

Line and Effection - Amanda Robinson, Asst. Vice President (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

| A. DIRECTORS | | | |
|--------------------|--|--------------------------|--|
| □Chairman | Name: | □Chairman | Name: Veronica Squinzi |
| □Vice Chairman | Via Cafiero 22, Milan, IT 20158 | □Vice Chairman | Address: Via Cafiero, 22, Milan, IT 20158 |
| □Director | | □Director | |
| President | | President | |
| □Vice President | | □ Vice President | |
| Secretary | ☐ Treasurer | ≅ Secretary | □Treasurer |
| □Other | Other | □Other | Other |
| ☐ Chairman | Nicholas Di Tempora | □Chairman | Jerzy Szymanski Name: |
| □Vice Chairman | 1144 F. Newnort Center Drive | □Vice Chairman | Address: ul. Lipcowa 58, 32-540 |
| Director | Deerfield Beach, Florida 33442 | □Director | Trzebinia, Poland |
| □President | | □President | |
| □Vice President | | □ Vice President | |
| □Secretary | Treasurer | Secretary | ☐ Treasurer |
| Other | Other | Other | Other |
| □Chairman | Name: | □Chairman | Name: |
| □Vice Chairman | Address: | □Vice Chairman | Address: |
| □Director | | □Director | |
| □President | | □President | |
| □Vice President | | □Vice President | 57 |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer |
| Other | Other | Other | Other |
| individuals may be | Use an attachment to report more than six (6). The added to the index when filing your Florida Depar | tment of State Annual Re | d for reporting purposes only. Non-indexed eport form. |

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Nicholas Di Tempora, Treasurer



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

DELAWARE, DO HEREBY CERTIFY "GORKA CEMENT US CORP" 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 TWENTY-FIRST DAY OF APRIL, A.D.

2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GORKA CEMENT US CORP" WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2017.

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

1:5/



Authentication: 202801624

Jeffrey W. Bullock, Secretary of State

Date: 04-21-20