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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 POZBOCT 20 PM 4: 48
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_	

PECEIVED ANIO: 04

FOREIGN PROFIT/NONPROFIT CORPORATION Alpha Technologies USA, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

<u>US</u> 10/21/20

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

*

BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWINGUS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Alpha Technologies USA, 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) 2. New Jersey

(State or country under the law of which it is incorporated)

3. 22-3530472

(FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 704 N. King Street WILMINGTON DE 19801 (Principal office street address) 704 N. King Street WILMINGTON DE 19801 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg , Florida 33702 (Zip code)

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.

^{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.

A. DIRECTORS			
Chairman	Name: Harbans Virk	□ Chairman	Name: Neeti Nagra
□Vice Chairman	Address: 704 N. King Street	□Vice Chairman	Address: 704 N. King Street
□Director	Wilmington, DE 19801	□Director	Wilmington, DE 19801
☑President		☐ President	
□Vice President		□Vice President	
☐ Secretary	□ Treasurer		☐Treasurer
Other	Other	Other	Other
□Chairman	Name: Kotu Nagra Address: 704 N. King Street	□ Chairman	Name:
□Vice Chairman	Wilmington, DE 19801	□ Vice Chairman	Address: 20 20
Director	Williangton, DE 19001	□Director	<u> </u>
□President		□President	
□Vice President		□Vice President	
Secretary	☐Treasurer	Secretary	O Treasurer
Other	Other	⊡Other	
□Chairman	Name:	□ Chairman	Name:
□ Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	Treasurer
□Other	□Other	☐Other	□ Other
Important Notice individuals may b	Use an attachment to report more than six (6). The att be added to the index when filing your Florida Departm	achment will be imag ent of State Annual R	ed for reporting purposes only. Non-indexed deport form.
12.	Signature of Director	or Officer	
she is aware that s.817.155, F.S.	rector signing this document (and who is listed in numb false information submitted in a document to the Depa President (Typed or printed name and capacity of per	er 11 above) affirms riment of State consti	that the facts stated herein are true and that he of tutes a third degree felony as provided for in
	4.2 har or harmon many man and man't or hor	FE	•

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

ALPHA TECHNOLOGIES USA INC. 0100711810

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 27, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019-2020

I further certify that the registered agent and office are:

HARBANS S. VIRK 78, ROUTE 173 WEST SUITE 4 HAMPTON, NJ 08827-4000

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OF, I have laffixed Filon, this



IN TESTIMONY WHEREOF, I have: hereunto set my hand and affixed in my Official Seal at Trenton, this 19th day of October, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6112052155

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp