F20000005575

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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X. SALY

COVER LETTER

	tration Secton on of Corp					
SUBJECT:	ROBSC	N HANDLII	NG TECH	INOLOG	Y USA INC	
			of corporation			
Dear Sir or M	adam:					
"Certificate of	f Existence		e of Good St	anding" and	d check are sub	ct Business in Florida," mitted to register the
Please return	all correspo	ondence concerr	ing this met	ter to the fo	llowing:	
		Allison	Erskine			
			Name	of Person		
			Harbor Co	mpliance		
			Firm/Co	ompany		
1830 Colo	nial Villag	Lane				
	-	_	Ad	dress		
Lancaster	PA	17601				
			City/State	and Zip co	de	
		•	i @harborco	-		
		E-mail addres	s: (to be use	d for future	annual report r	otification)
For further in	formation of	concerning this i	matter, pleas	e call:		
Allis	on Erskine Per sor	. —	at (Area C	(7 <u>17</u> ode	<u>)616-5907</u> Daytime Telep	hone Number
Regis Divis Clifto 2661	tration Section of Corpor Building	corations Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a	check for t	he following an	nount:			
√2 \$ 70.00 Fil	ling Fee	\$78.75 Filin Certificate			Filing Fee & ed Copy	☐ \$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.

		orporation: must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
	(If name unavaila	ible in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2.	TX	3.	84-2632359		
	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
4.	07/30/2019	5.	Perpetual		
	(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.	Upon Filing				
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7.	129 S Mai	n St #260 Grapevine TX 76051		305	
-		(Princi	ipal office address)	2320 1202	カー
		(Current maili	ing address, if different)		T
8.	Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	PH 5: 43	C
	Name:	Registered Agents Inc.		語 5	
				•	
Oi	ffice Address:	7901 4th St N STE 300			
Of	ffice Address:	7901 4th St N STE 300 St. Petersburg	, Florida 33702		

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.

Registered Agents Inc.

Bill Havre - 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:	FILE
A. DIRECTORS	PILE 2020 DEC 11 PM
Chairman: Matthew Wil I iama	DECTI PH
Address: 129 S Mai nSt #260 Grapevine TX 7605 1	
/ice Chairman:	
ddress:	
Director: Shawn Jones	
129 S Mai nSt #260 Grap evi neTX 76051	
Director:	
Address:	
3. OFFICERS	
resident: Matthew Wi liams	
ddress: 129 S Main St #260 Grap evi neTX 76051	
ice President:	
.ddress:	
ecretary: Shawn Jones	
ddress: 129 S Mai nSt #260 Grap evi n@X 76051	
ddress:	
NOTE: If necessary, you may attach/an addendum to the application listing addition	
12. Cart Williams	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above are true and that he or she is aware that false information submitted in a document t a third degree felony as provided for in s.817.155, F.S.	
13. Matth ewWilliams, President	
(Typed or printed name and capacity of person signing app	lication)



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ROBSON HANDLING TECHNOLOGY USA INC. (file number 803380844), a Domestic For-Profit Corporation, was filed in this office on July 30, 2019.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 09, 2020.



Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

(512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1006557610002