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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION

## Trojan Technologies Corp.

Certificate of Status	0
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## 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.

l.	Trojan Technok				
		orporation: must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION,"	
	(If name mavaila	able in Florida, enter alternate corporate nar	ne a	adopted for the purpose of transacting busine	ess in Florida)
7	Delaware		3.	85-3985494	
4.	11.10/2020			(FEI number, if applicable	
₹.	(Date of incorporation)		., .	(Date of duration, if other than pe	rpetual)
6.					
				Florida, if prior to registration) (02, F.S., to determine penalty liability)	
7.		rine, Valencia CA 91355		, ,	
/٠.	(Principal office address)				-
		(Curent ma	ailin	g address, if different)	
8.	Name and street	et address of Florida registered agent: (	P.(	D. Box <u>NOT</u> acceptable)	7 / n
	Name:	C T Corporation System			, .>.
Оñ	Ifice Address:	1200 South Pine Island Road	_		
		Plantation,		, Florida	
		(City)		(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.

By:

(Registered agent's signature)

Stephen Rullis

VP & Asst. Secy.

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 husiness addresses of officers and/or directors:

A. DIR	ECTORS					
Chairman	:		~ <del>~~~</del>			
Address:						
Vice Chai	eman;					
Address:						
Director	Frank T. McFaden					
	2200 Pennsylvania Ave., NW. Suite 80		40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
	Robert S. Lutz					
	2200 Pennsylvania Ave., NW. Suite 80					
Address:						
B. OFF	Stephen Bell					
	2297 Bakervilla St. London, ON N6P (	0E7	***			
			<b>'</b> .			
Vice Pres	Robert S. Lutz		1_			
	2200 Pennsylvania Ave., NW, Suite 80	00W, Washington, DC 20037	- - :			
rume			15			
Secretary	James F. O'Reilly		5.3			
•	2200 Pennsylvania Ave., NW, Suite 800W, Washington, DC 20037					
	Frank T. McFaden					
Treasurer:						
NOTE:	If necessar Frank McFaden.	lendum to the application listing additional offic	ers and/or directors.			
The officare true a third d	cer or director signing this documen and that he or she is aware that false egree felony as provided for in s.817 ik T. McFaden, VP & Treasurer		partment of State constitutes			
	(Typed or printed na	ame and capacity of person signing application)				



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

DELAWARE, DO HEREBY CERTIFY "TROJAN TECHNOLOGIES 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 FOURTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202203655

Date: 01-04-21