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Florida Department of State
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To:

Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
AMERICAN LIGHTWEIGHT MATERIALS
MANUFACTURING INNOVAT**

Certificate of Status	0
Certified Copy	1
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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. AMERICAN LIGHTWEIGHT MATERIALS MANUFACTURING INNOVATION INSTITUTE
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
AMERICAN LIGHTWEIGHT MATERIALS MANUFACTURING INNOVATION INSTITUTE INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Michigan 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/20/2013 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1400 ROSA PARKS BOULEVARD, DETROIT, MI 48216
(Principal office street address)

(Current mailing address, if different)
8. Advancing technology and talent in developing lighter-weight materials for the manufacturing industry.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip Code)
10. **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
By:  David Westcott
(Registered agent's signature) Assistant Secretary
11. 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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

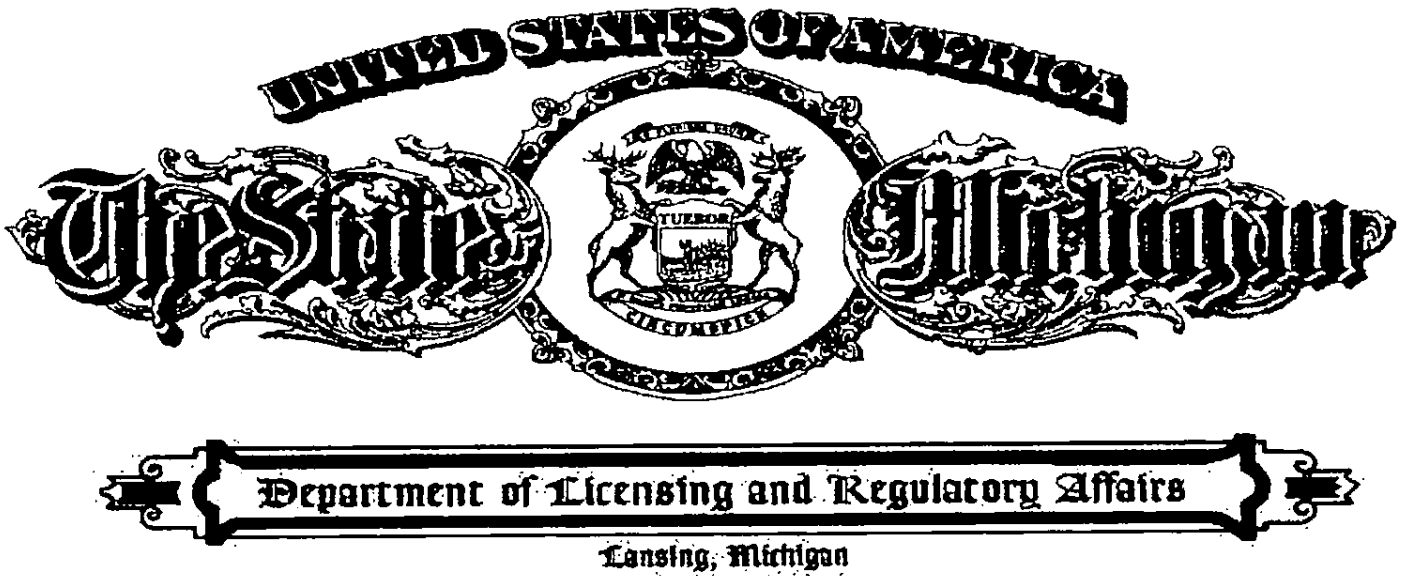
A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>NIGEL FRANCIS</u>	<input type="checkbox"/> Chairman	Name: <u>VICTOR CLAUDIO</u>
<input type="checkbox"/> Vice Chairman	Address: <u>1400 ROSA PARKS BOULEVARD</u>	<input type="checkbox"/> Vice Chairman	Address: <u>1400 ROSA PARKS BOULEVARD</u>
Director	<u>DETROIT, MI 48216</u>	<input type="checkbox"/> Director	<u>DETROIT, MI 48216</u>
President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other: <u>Chief Executive Officer</u>	<input checked="" type="checkbox"/> Other: <u>Executive Director</u>	<input checked="" type="checkbox"/> Other: <u>Chief Financial Officer</u>	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>J. MICHAEL BERNARD</u>	<input type="checkbox"/> Chairman	Name: <u>ZACHARY M. MEARS</u>
<input type="checkbox"/> Vice Chairman	Address: <u>1400 ROSA PARKS BOULEVARD</u>	<input checked="" type="checkbox"/> Vice Chairman	Address: <u>1400 ROSA PARKS BOULEVARD</u>
<input type="checkbox"/> Director	<u>DETROIT, MI 48216</u>	<input checked="" type="checkbox"/> Director	<u>DETROIT, MI 48216</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>PAULA SORRELL</u>	<input checked="" type="checkbox"/> Chairman	Name: <u>BECKY STEWART</u>
<input type="checkbox"/> Vice Chairman	Address: <u>1400 ROSA PARKS BOULEVARD</u>	<input type="checkbox"/> Vice Chairman	Address: <u>1400 ROSA PARKS BOULEVARD</u>
<input checked="" type="checkbox"/> Director	<u>DETROIT, MI 48216</u>	<input checked="" type="checkbox"/> Director	<u>DETROIT, MI 48216</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	Other: _____	<input type="checkbox"/> Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Victor Claudio, Chief Financial Officer & Treasurer
(Typed or printed name and capacity of person signing application)



This is to Certify That

AMERICAN LIGHTWEIGHT MATERIALS MANUFACTURING INNOVATION INSTITUTE

was validly Incorporated on September 20 , 2013 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 21010294203

In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 15th day of January , 2021.

Linda Clegg

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.