

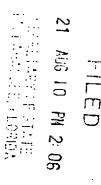
(Re	questor's Name)	 -
·	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
	cument Number)	
(20	odinient (validel)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:





800370494518

08/10/21--01033--006 **70.00





COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Huber USA, Ir	IC .		
	•	must include suffix	-
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Stand	÷ ·	
Please return all correspondence concerning Pamela McGregor	this matter t	o the following:	_
Huber USA, Inc	Name of P	erson	
Tiuber USA, Inc	Firm/Comp		_
1101 Nowell Rd, Ste	•	any	
Raleigh, NC 27607	Addres	S	_
_	City/State and	•	-
pamela.mcgregor@hub			_
For further information concerning this matter	er, please ca		
Pamela McGregor at Name of Person	<u>,919</u>	674-4268	
Name of Person	Area Code	Daytime Telephone Number	
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	
Enclosed is a check for the following amoun Please make check payable to: FLORIDA DEPA \$70.00 Filing Fee \$78.75 Filing F Certificate of S	ARTMENT (ee &	DF STATE \$78.75 Filing Fee &	&

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.

Huber L		N	
"Inc.," "Co.," "C	corporation; must include "INCORPORATED, Corp," "Inc," "Co." or "Corp.")	" "COMPANY," "CORPORATI	ON,"
	lable in Florida, enter alternate corporate name		=
_{2.} Delawa	are 3.	er the law of which it is incorporated) 43–1900982 (FEI number, if applicable)	
(State or count) 4. 08/10/2	ንለለለ		
•	e of incorporation)	(Date of duration, if other	er than perpetual)
_{6.} <u>07/01/2</u>			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502. F.S., to determine penalty lial	pility)
₂ 1101 No	owell Rd, Ste110, Ral		,,
7. <u> </u>		ice street address)	
	·		
	(Current mailir	ng address. if different)	
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
Name:	Northwest Registered Agent I	LLC_	
Office Address:	7901 4th St N STE 3	00	
	St. Petersburg (City)	Florida 33702	
	(City)	(Zip code)	
9. Registered age	ent's acceptance:		2 <u>2</u>
Having been nam	ned as registered agent and to accept servi		
	application, I hereby accept the appointner omply with the provisions of all statutes r		
	r with and accept the obligations of my po		tere perjoinance of my auries
	lon (TO	140 _	용표 2
_	(Registered agent's si	(onature)	`` 06
	(registered agent's si	Eliminit ()	

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	Onena Kiefen		Damada MaCuawan		
□Chairman	Name: Georg Kiefer	□ Chairman	Name: Pamela McGregor		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	1101 Nowell Rd , Ste 110	□Director	1101 Nowell Rd , Ste 110		
□President	Raleigh NC 27607	□President	Raleigh NC 27607		
□Vice President		□Vice President			
□ Secretary	□Treasurer	□ Secretary	☐Treasurer		
Other CEC	Other	Other CFC	Other		
	D 1: 0 :1		D 1111		
□Chairman	Name: Beatrice Geiler	Chairman	Name: Baerbel Huber		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director	1101 Nowell Rd , Ste 110	Director	1101 Nowell Rd , Ste 110		
□President	Raleigh NC 27607	□President	Raleigh NC 27607		
□Vice President		□ Vice President			
□Secretary	⊡Treasurer		□Treasurer		
□Other	Other	□Other	□Cither		
□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: 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. 12. Signature of Director or Officer					

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.

Pamela McGregor, CFO Huber USA, Inc
(Typed or printed name and capacity of person signing application)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HUBER USA, INC." 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 THIRTIETH DAY OF JUNE, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUBER USA, INC."

WAS INCORPORATED ON THE TENTH DAY OF AUGUST, A.D. 2000.

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

Authentication: 203577306

Date: 06-30-21