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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.\*\* r

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION GARWARE FULFLEX USA INC.

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Help

From; Kimberly Laughre

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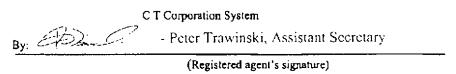
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

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. GARWARE FULFLEX USA INC.

1.		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
2.	DELAWARE	able in Florida, enter alternate corporate name a	87-3336625		orida)
4.		021	(FEI number, if applicable	<u> </u>	
	(Date	of incorporation)	(Date of duration, if other than pe	rpetual)	
7	1695 NW 110th.	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 AVENUE, Suite 301, Miami, FL 33172 (Principa			2521 NO 112
•		(Current mailing	g address, if different)		
8.	Name and stree	et address of Florida registered agent: (P.O C T Corporation System	. Box <u>NOT</u> acceptable)	`. 	بب <u>ت</u>
Of	ffice Address:	1200 South Pine Island Road	<del></del>		
		Plantation, (City)	, Florida		

## 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.

From: Kimberly Laughrey

11. Names and business addresses of officers and/or directors:

Address:    Maria Teresa Santiago	A. DIRECTORS				
Vice Chairman:  Address:  Maria Teresa Santiago  Director:  1322 SW 142 Court, Miami, FL 33184  Address:  Sandra C Ibanez  Director: 1322 SW 142 Court, Miami, FL 33184  Address:  B. OFFICERS Maria Teresa Santiago  President: 1322 SW 142 Court, Miami, FL 33184  Address:  Vice President:	Chairman:				
Maria Teresa Santiago	Address:				
Maria Teresa Santiago					
Maria Teresa Santiago	Vice Chair	nan:			
Maria Teresa Santiago					
Director:	Address:				
1322 SW 142 Court, Miami, FL 33184		· · · · · · · · · · · · · · · · · · ·			
Sandra C Ibanez		322 SW 142 Court, Miami, FL 33184			
Director:       1322 SW 142 Court, Miami, FL 33184         Address:       Maria Toresa Santiago         President:       1322 SW 142 Court, Miami, FL 33184         Address:       No         Vice President:       No         Address:       No         Secretary:       No         Address:       No         Address:       No         Address:       No	Audiess.				
1322 SW 142 Court, Miami, FL 33184		andra C Ibanez			
B. OFFICERS  Maria Teresa Santiago  President:  1322 SW 142 Court, Miami, FL 33184  Address:  Vice President:  Address:  Secretary:  Address:  Address:  Treasurer:  Address:					
Maria Teresa Santiago         President:       1322 SW 142 Court, Miami, FL 33184         Address:       141         Vice President:	Address:				
1322 SW 142 Court, Miami, FL 33184		Maria Teresa Santiago			
Vice President:		322 SW 142 Court, Miami, FL 33184			
Vice President:         —           Address:         —           Secretary:         —           Address:         —	Address:				
Address:  Secretary:  Address:  Address:  Address:					
Secretary:  Address:  Treasurer:  Address:	Vice Presi	ent:			
Secretary:  Address:  Treasurer:  Address:	Address:				
Secretary:  Address:  Treasurer:  Address:					
Address:	Secretary:				
Address:					
	Treasurer:				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  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 herei	Address:				
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 herei	NOTE:	necessery, you may attach an addendum to the application listing additional officers and/or directors.			
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 herei	12	Marie T. Saitrago			
are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.817.155, F.S.  Maria Teresa Santiago, President  13.	are true a a third de Mar	d that he or she is aware that false information submitted in a document to the Department of State constitutes ree felony as provided for in s.817.155, F.S.			

(Typed or printed name and capacity of person signing application)

2021-11-10 16:07:30 CST

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To: +18506176383. . . .



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GARWARE FULFLEX 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 TENTH DAY OF NOVEMBER, A.D. 2021.

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

221 HOV 12 PH 3-31



Authentication: 204655273

Date: 11-10-21