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| · (Requestor's Name) |
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| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special instructions to rining Officer. |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER'

| TO: Registration Sec Division of Corp | | | | |
|--|--|--|--|--|
| SUBJECT: CARBOTE | ECH USA INC. | | | |
| | | on - must include suffix | | |
| Dear Sir or Madam: | | | | |
| "Certificate of Existence | on by Foreign Corporation f ," or "Certificate of Good So corporation to transact busi | tanding" and check are su | act Business in Florida," bmitted to register the | |
| Please return all correspondence | ondence concerning this mat | ter to the following: | | |
| VINCENT ALLARD | | | | |
| | Name | of Person | | |
| CORPOMAX INC. | | | | |
| | Firm/C | ompany | | |
| 2915 OGLETOWN RD | | | | |
| | Ad | dress | | |
| NEWARK, DE 19713 | | | | |
| | City/State | and Zip code | <u> </u> | |
| INFO@CORPOMAX.CO | | | | |
| | E-mail address: (to be use | d for future annual report | notification) | |
| For further information of | concerning this matter, pleas | e call: | | |
| VINCENT ALLARD | at (302 | | / — | |
| Name of Person | Area C | ode Daytime Tele | phone Number | |
| Registration Sec Division of Corp The Centre of Ta | oorations allahassee Street, Suite 810 | Registration Division of C P.O. Box 632 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the Please make check payable \$70.00 Filing Fee | to: FLORIDA DEPARTMENTS \$78.75 Filing Fee & Certificate of Status | NT OF STATE □ \$78.75 Filing Fee & Certified 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.

| 1. CARBOTECH USA INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | | | | | |
|---|------------------|---|----------|-----------------------------------|--------------------------------|
| | CARBOTECH | USA INC. OF DELAWARE | | | |
| | (If name unavail | able in Florida, enter alternate corporate nan | ne adopt | ed for the purpose of transacting | g business in Florida) |
| 2. | DELAWARE | | 2 | | |
| 4. | (State or countr | ry under the law of which it is incorporated) | J | (FEI number, if app | olicable) |
| 4 | DEC 3, 2021 | | | | |
| 4. | (Date | e of incorporation) | 5 | (Date of duration, if other t | hun perpetual) |
| | (Dan | , or meorparation, | | (Date of daration, if outer t | nan perpetuar) |
| 6. | | (D.) | | | |
| | | (Date first transacted business (SEE SECTIONS 607.1501 & 607 | | | v) |
| 2915 OGLETOWN RD, # 4056, NEWARK, DE 19713 | | | | | |
| 7. | | | Oloo etr | reet address) | |
| | | (rincipal c | muce str | eet address) | |
| | | (6) | المحموطط | | 7 75 |
| | | (Curent mai | ing add | ress, if different) | SEC VLL |
| 0 | Nima | . It could be a control of | | | 2021 DEC SECRETA ALLAHA! |
| Ō. | Name and stree | et address of Florida registered agent: (I | '.O. Bo: | x <u>NOT</u> acceptable) | C 13 TARY ASSE |
| | Name: | NRAI SERVICES, INC. | | | m _C |
| | ~~ | 1200 SOUTH PINE ISLAND ROAD | | | F.S |
| _ | | | | | STA: LOR |
| 0 | ffice Address: | · | | | ~~ |
| 0 | Hice Address: | PLANTATION | | . Florida 33324 | 1€ 8€ |
| 0 | Hice Address: | PLANTATION (City) | | , Florida 33324 (Zip code) | 5 8 NE NDA |

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.

Linda Stauffer, 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 For initial indexing purposes list pages, titles and addresses of the primary officers and/or directors (up to six (6) total)

| A. DIRECTORS | | | |
|---|---|---|--|
| □ Chairman | Name: Dary LAFLAMME | □ Chairman | Name: Luc HOUDE |
| □Vice Chairman | 2015 OGLETOWN RD #4056 | ☐ Vice Chairman | 2915 OGLETOWN RD, #4056 |
| Director | NEWARK, DE 19713 | Director | NEWARK, DE 19713 |
| President | | □President | |
| ÜVice President | | ■Vice President | |
| ☐ Secretary | □Treasurer | Secretary | □Treasurer |
| Other | | □Other | Other |
| □Chairman □Vice Chairman ■Director | Name: Raymond LANDRY Address: 2915 OGLETOWN RD, #4056 NEWARK, DE 19713 | □Chairman □Vice Chairman ☑Director | Name: Jonathan LANDRY Address: 2915 OGLETOWN RD, #4056 NEWARK, DE 19713 |
| □ President | | □President | |
| | | □ President | |
| Secretary | ☐ Treasurer | Secretary | □Treasurer |
| Other | Other | Other | □Other |
| | Name: | | Name: |
| □Director | | ☐ Director | |
| □President | | □President | |
| □ Vice President | | □Vice President | |
| Secretary | Treasurer | Secretary | Treasurer |
| Other | Other | □Other | Other |
| Important Notice: U individuals may be a | se an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of | ent of State Annual Rep | for reporting purposes only. Non-indexed out form. |
| The officer or directe she is aware that fals s.817.155, F.S. | or signing this document (and who is listed in numbers information submitted in a document to the Depart | er 11 above) affirms tha tment of State constitute | t the facts stated herein are true and that he or es a third degree felony as provided for in |
| 13 | | | |
| | (Typed or printed name and capacity of person | on signing application) | |

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CARBOTECH 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 SIXTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARBOTECH USA"

INC." WAS INCORPORATED ON THE THIRD DAY OF DECEMBER, A.D. 2021.

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



Authentication: 204877177

Date: 12-06-21