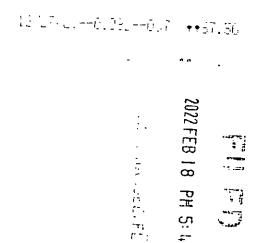
19100005657

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| emailed proof |
| W220000163 |

Office Use Only



800378302988



8. FRANKLIN FEB 2 2 2022

12 /18/20

COVER LETTER

| _ | tration Section ion of Corporations | | | |
|--|--|--|--|--|
| SUBJECT: | American Textile Systems | Fnc | | |
| | Nam | ne of corporation | - must include suffix | |
| Dear Sir or M | adam: | | | |
| "Certificate of | "Application by Foreign f Existence," or "Certifica ced foreign corporation to | ate of Good Stan | ding" and check are sub- | |
| Please return a | all correspondence conce | rning this matter | to the following: | |
| Abe Khan | | | | |
| , <u></u> | · · · · · · · · · · · · · · · · · · · | Name of | Person | |
| American Text | ile Systems | | | |
| | | Firm/Com | pany | 202 |
| 10631 Hathawa | ay Dr, | | | 2022 FEB |
| | 125 4180 | Addro | ess | 8 8 |
| Santa Fe Spring | gs. CA 90670 | | | 8 P |
| | | City/State a | nd Zip code | : : : : : : : : : : : : : : : : : |
| abe@amtexsys | .com | | | 5. F. 5. |
| | E-mail addre | ess: (to be used f | or future annual report n | otification) |
| For further inf | formation concerning this | matter, please c | all: | |
| Abe Khan | | at (| 229-0036 | |
| Name | e of Person | Area Code | 2 Daytime Teleph | ione 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 | | |
| | - | DEPARTMENT | OF STATE 3 \$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.

| | orporation: must include "INCORPORATF orp." "Inc," "Co." or "Corp.") | ED." "C | OMPANY." "CORPORATION | ι <u>,</u> " | | |
|-----------------------------------|---|----------------------------|--|------------------------|--|--|
| (If name unavail | able in Florida, enter alternate corporate na | me ador | ted for the purpose of transacting | g business in Florida) | | |
| CA | | 3. 33- | 33-0591327 | | | |
| (State or countr | y under the law of which it is incorporated) | | (FEI number, if applicable) | | | |
| 4. 10/07/1993 | | 5. | | | | |
| (Date | of incorporation) | | (Date of duration, if other than perpetual) | | | |
| 10/01/2020 6. | | | | | | |
| 7 10631 Hathaway | (SEE SECTIONS 607.1501 & 60° Dr. Santa Fe Springs, CA 90670 | | rida, if prior to registration) F.S., to determine penalty liabilit | ty) | | |
| 7 | Dr. Santa Fe Springs, CA 90670 | 7.1502, | | ty) | | |
| | Dr. Santa Fe Springs, CA 90670 (Principal (Current ma | 7.1502, office <u>s</u> | F.S., to determine penalty liability | | | |
| 3. Name and stree | Dr. Santa Fe Springs. CA 90670 (Principal | 7.1502, office <u>s</u> | F.S., to determine penalty liability | | | |
| /· | Dr. Santa Fe Springs, CA 90670 (Principal (Current manet address of Florida registered agent: (| 7.1502, office <u>s</u> | F.S., to determine penalty liability | | | |
| 8. Name and <u>stree</u> Name: | (Current material and registered agent: (Regus 618 E. South Street, Suite 500 | office <u>s</u> | F.S., to determine penalty liability | 2022 FEB 1 8 P | | |

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.

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

| A. DIRECTORS | | | | | | | |
|---|-----------------------------|------------------|-------------|--------------|--|--|--|
| □Chairman | Name: Alan Nathan | □Chairman | Name: | | | | |
| □Vice Chairman | Address: 10631 Hathaway Dr, | □Vice Chairman | Address: | | | | |
| □Director | Santa Fe Springs, CA 90670 | □Director | | | | | |
| President | | □President | | | | | |
| □Vice President | | □ Vice President | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | | □Treasurer | | | |
| Other | Other | Other | | □ Other | | | |
| □Chairman | Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □Director | | 2022 | | | |
| □President | | □President | | - T supre | | | |
| □Vice President | | □Vice President | | <u> </u> | | | |
| □Secretary | □Treasurer | □Secretary | | □Treasurer 1 | | | |
| □Other | Other | □Other | | Output 7 | | | |
| □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. Alan Nathan 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.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AMERICAN TEXTILE SYSTEMS

FILE NUMBER:

C1732577

FORMATION DATE:

10/07/1993

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 09, 2022.

Shirley N. Weber, Ph.D. Secretary of State