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04/14/22

NAME: BOLL FILTER CORPORATION

TYPE OF FILING: APPLICATION

COST: 78.75

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

10:	Registration Section Division of Corpor				
SUBJ	JECT:	BOLL F	ILTER CO	RPORATION	
~~~		Name of co	orporation	- must include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application ficate of Existence," referenced foreign or	or "Certificate of (	Good Stan	ding" and check are su	eact Business in Florida," abmitted to register the
Please	return all correspond	lence concerning t	his matter	to the following:	
		DI	EVORA NI	EALY	
			Name of I	Person	
	_	SMITH, GAN	ABRELL &	RUSSELL, LLP	
-			Firm/Com	pany	
		1105 W. PEACHT	REE STRE	EET NE. SUITE 1000	
	-		Addre	SS	
		ATI	LANTA, G	A 30309	
		Ci	ty/State ar	id Zip code	
		DNEA	LY@SGRI	.AW.COM	
	ŀ	-mail address: (to	be used for	or future annual report	notification)
For fur	ther information con	cerning this matter	-, please ca	ıll:	
DEVO	RA NEALY	at (	404	_)	
	Name of Person		Arca Code	Daytime Telep	phone 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		Section Corporations 27
Please n	ed is a check for the f nake check payable to: 00 Filing Fee	ollowing amount: FLORIDA DEPAR \$78.75 Filing Fed Certificate of Sta	e & 🔳	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. (Enter name of "Inc.," "Co" "	BOLL FILTER CORPORATION  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
(If name unava	ilable in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)				
DELAWARE	3.						
(State or coun	try under the law of which it is incorporated)	(FEI number, if app	licable)				
·_	12/16/2002						
	te of incorporation)	5. (Date of duration, if other than perpetu					
, ì.			• •				
·	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, 22635 VENTURE DRIVI (Principal office s	F.S., to determine penalty liability E. NOVI, MI 48375	y) 				
	(Current mailing ac	ldress, if different)	2022 A SECR FALLA				
. Name and stre	eet address of Florida registered agent: (P.O. B	ox NOT acceptable)	APR 14 TRETARY AHASSE				
Name:	SMITH, GAMBRELL & RUSSELL, LLP	- -					
Office Address:	50 NORTH LAURA STREET, SUITE 2600	_	AM II: Of STAI E. FLOOI				
	JACKSONVILLE	- , Florida ³²²⁰²	: <b>13</b>				
		- FIOLICIA					

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.

(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.

A. DIRECTORS				
□Chairman	Name:	□Chairman □Vice Chairman	Name: MICHELE LA TORRE  Address: 22635 VENTURE DRIVE	
□Vice Chairman	Address: 22635 VENTURE DRIVE			
Director	NOVI, MI 48375	□Director	NOVI, MI 48375	
□President		■ President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer	
□Other	Other	Other	Other	
□Chairman □Vice Chairman □Director	Name: HANS-MICHAEL KRAUS  Address: 1105 W. PEACHTREE ST NE  SUITE 1000	_ □Vice Chairman	Name:Address:	
□President	ATLANTA, GA 30309	□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary	☐Treasurer	
□Other	Other	□Other	□Other	
	Name:	□Vice Chairman	Name:Address:	
□President		□Director		
□Vice President		□President □Vice President		
☐ Secretary	☐Treasurer	□ Secretary	□ Treasurer	
Other		□Other		
12The officer or direct	se an attachment to report more than six (6). The added to the index when filing your Florida Depa Signature of Director signing this document (and who is listed in number information submitted in a document to the De	or or Officer  The partment of State Annual Representation of Officer  The partment of State constitute	t the facts stated herein are true and that he or	
13	HANS-MICHAEL KRAU	S, SECRETARY		



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

DELAWARE, DO HEREBY CERTIFY "BOLL FILTER CORPORATION" 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 THIRTEENTH DAY OF APRIL, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOLL FILTER CORPORATION" WAS INCORPORATED ON THE SIXTEENTH DAY OF DECEMBER,

A.D. 2002.

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

Authentication: 203172915

Date: 04-13-22

3595437 8300 SR# 20221442187