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PICK-UP WAIT MAIL						
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S. ROBERTS

JUN 2 8 2022

# **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT: VIRPIL USA, INC.					
00170		of corporation	n - mus	t include suffix		
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign C leate of Existence," or "Certificat referenced foreign corporation to	e of Good Sta	nding".	and check are sub	ct Business in Florida," omitted to register the	
Please	return all correspondence concerr	ning this matte	er to the	following:		
Brian K	I. Smithweck					
-		Name o	Person			
Adams	and Reese LLP					
		Firm/Co	mpany			
11 N. V	Vater Street, Suite 23200					
		Add	ress	<del></del> -		
Mobile.	. AL 36602					
		City/State	and Zip	code		
d.morri	son@virpil-controls.com					
	E-mail addres	s: (to be used	for futu	re annual report i	notification)	
For fur	ther information concerning this i	natter, please	call:			
Brian K. Smithweck at () 65			650	0-0858		
	Name of Person	Area Co		Daytime Telep	hone 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		
Picase n	ed is a check for the following am nake check payable to: FLORIDA D .00 Filing Fee	EPARTMEN ng Fee &	□ \$78.7	TATE  5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

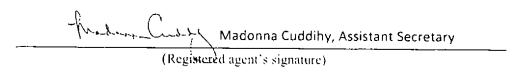
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

L. VIRPIL USA,	Inc.					
(Enter name of of "Inc.," "Co.," "C	corporation; must include "INCORPORATED. Corp." "Inc," "Co," or "Corp.")	." "COMPANY." "CORPORA"	TION."			
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of trans	acting business in Florida)			
2. Delaware	3	88-2343787				
(State or count 4. 04/11/2022	ry under the law of which it is incorporated)  5.	ed) (FEI number, if applicable)  5.				
(Date	e of incorporation)	(Date of duration, if other than perpetual)				
7. 4710 Eisenhower	(SEE SECTIONS 607.1501 & 607.1 r Blvd N., Suite a-7, Tampa, FL 33634	n Florida, if prior to registration) 502, F.S., to determine penalty lice street address)	ability)			
	(Current mailir	ng address, if different)	2822			
8. Name and streen	et address of Florida registered agent: (P.C CT Corporation System	D. Box <u>NOT</u> acceptable)	122 JUH 28 P			
Office Address:	1200 South Pine Island Road		PH 2: 36			
	Plantation	Florida	. 36			
	(City)	(Zip code)				

## 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 dutie 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 Dominic Morrison □ Chairman Name: □ Chairman 52 Stocking Park Road □Vice Chairman Address: □ Vice Chairman Address; \_\_\_\_ Telford, Shropshire TF4 3QA Director □ Director Shropshire, United Kingdom 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 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 ☐ 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 individ<del>uals may be added to the index when filing your Florida Department of State Annual Report form.</del>

12. / Marron

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 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.

., Dominic Morrison, President



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

DELAWARE, DO HEREBY CERTIFY "VIRPIL 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 TWENTY-THIRD DAY OF JUNE,—A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VIRPIL USA, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2022.

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



Authentication: 203746546

Date: 06-23-22