## Florida Department of St

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000413285 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION GAFFTECH INC.

Certificate of Status	0
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H22000413285 3

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Gafftech Inc.		
Name of corporation - must	include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authoris" "Certificate of Existence," or "Certificate of Good Standing" are above referenced foreign corporation to transact business in Flo	nd check are submitted to register the	
Please return all correspondence concerning this matter to the f	ollowing:	
Ana Rosa Da Ponte		
Name of Person		
Capitol Services - Corporate Filings Team		
Firm/Company		
515 East Park Avenue 2nd FI		
Address		
Tallahassee, FL 32301		
City/State and Zip o	code	
adaponte@loonix.com		
E-mail address: (to be used for futur	e annual report notification)	
For further information concerning this matter, please call:		
at ( <u>855</u> ) 498	3 - 5500	
Name of Person Area Code	Daytime Telephone 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	
	ATE 5 Filing Fee & \$87.50 Filing Fee, Ged Copy Certificate of Status & Certified Copy	

DocuSign Envelope ID: F6E76081-6686-45B4-A624-558214F1994F

H22000413285 3

## 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.

(If name unavail	able in Florida, enter alternate corporate	name ado	opted for the purpose of transacting b	usiness in Florid	la)
Delaware	y under the law of which it is incorporate	3			
		ied)	(FEI number, if applic	able)	
December 7	, 2022	5	(Date of duration, if other than		
December 7	• •		perpetual)		
1916 Golf R	(SEE SECTIONS 607.1501 & oad, Clarence Creek, Ontario	607.1502 KOA 1N	lorida, if prior to registration)  F.F.S., to determine penalty liability)  10, Canada  street address)		
(Current mailing address, if different)  Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)					2022 DEC -8
Name:	Capitol Corporate Services, 515 East Park Avenue 2nd				P
office Address:	Tallahassee		, Florida_32301		2: 13
	(City)		(Zip code)	•	
laving been nam esignated in this urther agree to c	ent's acceptance:  ed as registered agent and to accept application, I hereby accept the app omply with the provisions of all stat with and accept the obligations of	pointmer tutes rela my positi	nt as registered agent and agree to tive to the proper and complete p	o act in this ca erformance of	pacity
warra y mariababan	Touter Scay	-11	Capitol Corporate Services, I		

<sup>10.</sup> 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	6E76C81-6686-45B4-A624-558214F1994F G			H2200041328
Chairman	Name: Sheliah Annette Renee Gaffney	Chairman	Name: Mage	eda Mary Gaffney
Vice Chairman	Address: 196 Centennial Drive	☐Vice Chairman	Address: 1916 Golf Road	
Director	P.O. Box 987	Director	Clarence Cre	ek, Ontario K0A 1N0, Canada
President	Longlac, Ontario P0T 2A0, Canada	President		
☐Vice President		Vice President		
Secretary	Treasurer	Secretary		Treasurer
Other	Other	Other Chief Fin	ancial Officer	Other
Chairman	Name: Sheliah Annette Renee Gaffney	Chairman	Name:	
☐Vice Chairman	Address: 196 Centennial Drive	∐Vice Chairman	Address:	
Director	P.O. Box 987	Director		
	Longlac, Ontario P0T 2A0, Canada	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

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.

13. Sheilah Annette Renee Gaffney, President



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GAFFTECH 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 EIGHTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAFFTECH INC."

WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

e at corp.delaware.goy/auth

Authentication: 205039789

Date: 12-08-22