## F220000007781

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

Office Use Only



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S. FRANKLIN DEC 2 1 2022

## COVER LETTER

|  | stration Section ion of Corporations   |                               |  |   |  |
|--|--|-------------------------------|--|---|--|
| SUBJECT:   | Vito Fryfilter Inc.  |                               |  |   |  |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Name   | e of corporation              | - must include suffix  | ·   |  |
| Dear Sir or M  | adanı:   |                               |  |   |  |
| "Certificate o   | "Application by Foreign C<br>f Existence," or "Certifica<br>ced foreign corporation to | te of Good Stan               | iding" and check are sub   |   |  |
| Please return  | all correspondence concer  | ning this matter              | to the following:  |   |  |
| Kelly Switt  |  |                               |  |   |  |
|  |  | Name of                       | Person   |   |  |
| Porte Brown L  | LC   |                               |  |   |  |
|  |  | Firm/Com                      | pany   | ~3  |  |
| 845 Oakton St  | reet   |                               |  | 1   |  |
|  |  | Addre                         | 288  |   |  |
| Elk Grove Vill   | age, 1L 60007  |                               |  | .2  |  |
|  |  | City/State a                  | nd Zip code  | 3   |  |
| info@vitofryfi   | lter.com   |                               |  | سي  |  |
|  | E-mail addre   | ss: (to be used t             | or future annual report n  | notification)   |  |
| For further in   | formation concerning this  | matter, please c              | all:   | - <b>3</b> .  |  |
| Kelly Switt  |  | _ at ( <u>847</u><br>Area Cod | 956-1040   |   |  |
| Nam  | e of Person  | Area Cod                      | e Daytime Telepl   | none 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 |   |  |
| Enclosed is a<br>Please make ch<br>\$70.00 Fili  | check for the following an<br>eck payable to: FLORIDA I<br>ing Fee                     | DEPARTMENT ing Fee &          | OF STATE  S78.75 Filing Fee & Certified 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.

| Vito Fryfilter In                                  | c.  |  |               |  |
|--|---|--|---------------|--|
| (Enter name of c                                   | orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.") | D." "COMPANY," "CORPORATION."  |               |  |
| (If name unavails                                  | able in Florida, enter alternate corporate nam                        | e adopted for the purpose of transacting business in   | Florida)      |  |
| Delaware   | 7   | 20-5154928   |               |  |
| (State or countr                                   | y under the law of which it is incorporated)                          | (FEI number, if applicable)  |               |  |
| 11/29/2006   | •   | perpetual  |               |  |
| (Date of incorporation)                            |   | (Date of duration, if other than perpetual)  |               |  |
| 11/1/2022  |   |  |               |  |
|  |   | in Florida, if prior to registration)<br>1502, F.S., to determine penalty liability)   |               |  |
| 5422 Carrier Driv                                  | ve Ste 102 Sand Lake West - Phase IV Orlan                            | ndo, Florida 32819   |               |  |
|  | (Principal of   | ffice street address)  |               |  |
|  |   |  |               |  |
|  | (Current mail   | ing address, if different)   | 13.33         |  |
| Name and street                                    | <u>et address</u> of Florida registered agent: (P                     | O. Box NOT acceptable)   |               |  |
| Name:  | Andreas Schmidt   |  |               |  |
| CC . A.I.I   | 5422 Carrier Drive Ste 102  |  |               |  |
| ffice Address:                                     | Orlando   | 32819  | 石             |  |
|  | (City)  | Florida Zip code)  | 2<br>D        |  |
| aving been namesignated in this orther agree to co | application. I hereby accept the appoint                              | vice of process for the above stated corporation tment as registered agent and agree to act in the relative to the proper and complete performant osition as registered agent. | his capacity. |  |
| _  | vaul  |  |               |  |
|  | (Registered agent's   | signature)   |               |  |

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.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

| A. DIRECTORS  |                             |                 |               |                       |  |  |  |
|---|-----------------------------|-----------------|---------------|-----------------------|--|--|--|
| □Chairman   | Name: Andreas Schmidt       | □ Chairman      | Name: Dr. Mar | kus Ernst             |  |  |  |
| □Vice Chairman  | 702 W. Algonquin Road       | □Vice Chairman  | Address:      | all Street, 8th Floor |  |  |  |
| □Director   | Arlington Heights, IL 60005 | Director        | New York, NY  |                       |  |  |  |
| 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          | - <u></u> -   | □Other                |  |  |  |
|   |                             |                 |               | 73                    |  |  |  |
| []Chairman  | Name:                       | □Chainnan       | Name:         |                       |  |  |  |
| □Vice Chairman  | Address:                    | □Vice Chairman  | Address:      | 72                    |  |  |  |
| ☐Director   |                             | Director        |               | · .                   |  |  |  |
| □President  |                             | □President      |               | :.<br>                |  |  |  |
| □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.  |                             |                 |               |                       |  |  |  |
|   | 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. |                             |                 |               |                       |  |  |  |
| 13. Andreas Schmidt, President  |                             |                 |               |                       |  |  |  |

(Typed or printed name and capacity of person signing application)

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VITO FRYFILTER, 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-EIGHTH DAY OF OCTOBER, A.D.

2022.

Authentication: 204734838

Date: 10-28-22