F2300000607

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2023 FEB _ 1 PM 3: 25

DIRECTORS SEFICE

S. FRANKLIN FEB 0 2 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 423372 4325450

AUTHORIZATION :

COST LIMIT : 3787.50

ORDER DATE: January 31, 2023

ORDER TIME : 12:48 PM

ORDER NO. : 423372-005

CUSTOMER NO: 4325450

FOREIGN FILINGS

NAME: CENTRAL SEMICONDUCTOR CORP.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

Division of Corporations	
SUBJECT: Central Semiconductor Corp.	
Name of corporation - mus	st include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Autho "Certificate of Existence," or "Certificate of Good Standing" above referenced foreign corporation to transact business in F	and check are submitted to register the
Please return all correspondence concerning this matter to the	following:
Jennifer T. Stacchin	i
Name of Persor	1 _
Farrell Fritz, P.C.	
Firm/Company	
400 RXR Plaza	1_
Address	7
Uniondale, NY 11	556
City/State and Zip	
jstacchini@farrellfritz.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
Jennifer T. Stacchini at (516) Name of Person Area Code	227-0686
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
	FATE 5 Filing Fee & 🖾 \$87.50 Filing Fee, fied Copy 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. <u>Central Se</u>	miconductor Corp.		
(Enter name of co	rporation; must include "INCORPORATED," 'rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavailat	ole in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)
		-	
(State or country	nder the law of which it is incorporated)	(FEI number, if applica	ible)
4 02/20/19			
'·	f incorporation) 5	(Date of duration, if other than	perpetual)
6			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration), F.S., to determine penalty liability)	
7.	145 ADAMS AVE, HAUPPAUGE,	NY, UNITED STATES, 11788	
_	(Principal office	street address)	
	(Current mailing a	ddress, if different)	
			•
8. Name and street	address of Florida registered agent: (P.O. E	Sox <u>NOT</u> acceptable)	ı
Name:	Corporation Service Company	_	
Office Address:	1201 Hays St		· =
		_	*.*
	Tallahassee (City)	, Florida <u>32301</u> (Zip code)	٢
	(City)	(Zip code)	
). Registered agen			
Having been named Justingstad in this a	as registered agent and to accept service of	of process for the above stated corp	poration at the pl
further agree to con	oplication, I hereby accept the appointmen uply with the provisions of all statutes relati ith and accept the obligations of my position.	ive to the proper and complete per	act in this capacil formance of my i
		, ,	
	(Registered agent's signa	ton a va president	
	(Registered agent's signa	lure)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicti under the law of which it is incorporated.

A. DIRECTORS			
□ Chairman	Name: Susan M. Ryan	□Chaimnan	Name: Thomas E. Radgowski
□Vice Chairman	Address: 145 ADAMS AVE	□Vice Chairman	Address: 145 ADAMS AVE
☑ Director	HAUPPAUGE, NY, 11788	⊠ Director	HAUPPAUGE, NY, 11788
[™] President		□President	
□Vice President		€ Vice President	
[]Secretary	™ Treasurer	⊠ Secretary	□Treasurer
₩Other <u>CEO</u>	Other	□Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chainnan	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	5
□President		□President	· · · · · · · · · · · · · · · · · · ·
□ Vice President		□Vice President	
☐ Secretary	□Treasurer	□Secretary	☐Treasurer
□Other	Other	□Other	
Important Notice: Usindividuals may be a	se an attachment to report more than six (6). The attanded to the index when filing your Florida Department of the index with the standard section of	ent of State Annual Rep	for reporting purposes only. Non-indexed ort form.
she is aware that fals s.817.155, F.S.	or signing this document (and who is listed in number information submitted in a document to the Depart	er 11 above) affirms that	the facts stated herein are true and that l
Jan Susan N	M. Ryan - President, CEO and Treasurer		

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time certificate, the following entity information is reflected:

Entity Name: CENTRAL SEMICONDUCTOR CORP.

DOS 1D Number: 337224

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/20/1974

Statement Status: CURRENT

Statement Due Date: 02/29/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of at the City of Albany, on February 01, 2023 at 12:23 P.M.

Brandon C. Heyles

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002899914 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov