F23000001745

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cil	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
A: Copies	Certificates o	of Status
· .al Instructions to Fili	ng Officer:	
	Office Use Only	



800405303648

90 is 11111 125

2023 HAR 24 ATT 11:

KAR 27 2023 C. Brumbley



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592
Date: 03/24/23
Order #: 608676-1
Re: Hexcel Corporation
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

٠.

12000000195

AUTHORIZATION:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 :	adopted for the purpose of transacting business in Florida)
Delaware	3	94-1109521
(State or countr 03/02/1983	y under the law of which it is incorporated)	(FBI number, if applicable)
(Date	of incorporation)	(Date of duration, if other than perpetual)
Upon Filing		
c/o Hexcel Corpo	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 pration 281 Tresser Blvd. Stamford, CT 06901	02, F.S., to determine penalty liability)
		ce <u>street</u> address)
	(Current mailin	g address, if different) 202
Name and street	et address of Florida registered agent: (P.O	. Box NOT acceptable)
Name and stree	et address of Florida registered agent: (P.O Corporation Service Company	2023 HAR NOT acceptable)
		
Name:	Corporation Service Company	Box NOT acceptable)

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 duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Weilard - Sonn Aup

(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	See attached for all 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
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary		☐ Treasurer
□Other	Other	□Other		□Other
The officer or direshe is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The attack added to the filex when filing your Florida Department Signature of Director of Cotor signing this document (and who is listed in number also information submitted in a document to the Department.	of State Annual Re Officer I l above) affirms the	at the facts stated	herein are true and that he or felony as provided for in
12 He	ather De Gregoria, HSSIS-	F	ecreto	\sim

Hexcel Corporation

Name	Title
Amy Evans	Senior Vice President, Chief Accounting Officer
Catherine A. Suever	Director
Cynthia M. Egnotovich	Director
Don Morrison	Senior Vice President & Chief Information Officer
Gail E. Lehman	Executive Vice President, General Counsel & Secretary
Gina Fitzsimons	Senior Vice President and Chlef Human Resources Officer
Guy C. Hachey	Director
Heather DeGregorio	Assistant Secretary
Jeffrey A. Graves Ph.D.	Director
Jeffrey C. Campbell	Director
Marilyn Minus	Director
Nicholas Dator	Vice President - Tax
Nick Stanage	Chairman, President and Chief Executive Officer
Nick Stanage	Director
Patrick Winterlich	Executive Vice President & Chief Financial Officer
Paul Dominic Mackenzie	Senior Vice President & Chief Technology Officer
Steven A. Wein	Assistant Secretary
Thierry Merlot	President, Aerospace EMEA/AP & Industrial
Thomas A. Gendron	Director

Address for all: c/o Hexcel Corporation 281 Tresser Blvd. Stamford, CT 06901

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HEXCEL 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 TWENTY-THIRD DAY OF MARCH, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEXCEL CORPORATION" WAS INCORPORATED ON THE SECOND DAY OF MARCH, A.D. 1983.

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

AND STATE OF THE PARTY OF THE P

Authentication: 202992025

Date: 03-23-23