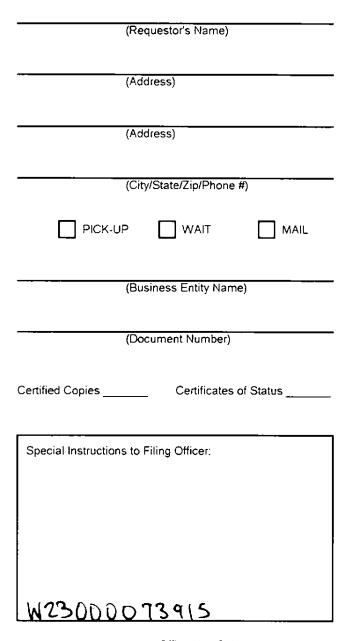
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DATE: 05/22/23

NAME: STEELITE INTERNATIONAL U.S.A., INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ration Section on of Corporations				
SUBJECT:	STEELITE INTERNATION	AL U.S.A. INC	Ü.		
SUBJECT	Name o	of corporation	n - musi	include suffix	
Dear Sir or Ma	adam:				
"Certificate of	"Application by Foreign Co Existence," or "Certificate ted foreign corporation to tr	of Good Stai	iding`` a	and check are sub	nct Business in Florida," omitted to register the
Please return a	ill correspondence concerni	ng this matte	r to the	following:	
Evan Gelacek					
		Name of	Person		
Gordon Rees S	cully Mansukhani, LLP				
		Firm/Con	npanv	<u> </u>	
707 Grant Stree	et. Suite 3800				
		Addr	ess		
Pittsburgh, PA	15219	7100.	0.5.5		
		City/State a	ınd Zip	code	
egelacek@grsn	n.com	•	•		
		(to be used	for futu	re annual report	notification)
For further info	ormation concerning this ma	atter, please o	call:		
		at ()		
Name	of Person	Area Cod		Daytime Telep	shone Number
Regist Division The Co 2415 N	ET/COURIER ADDRESS ration Section on Corporations entire of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	i :		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Enclosed is a c Please make che	theck for the following amo tek payable to: FLORIDA DE ng Fee	PARTMENT Fee & - E	3 \$78.7	ATE 5 Filing Fee & fied Copy	\$87.50 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.

ŧ.		ERNATIONAL U.S.A. INC.			
	(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION."		
			adopted for the purpose of transacting business in Florida)		
2.	New Jersey	3.	(FEI number, if applicable)		
-	(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4.	August 2, 1989	5.	(Date of duration, if other than perpetual)		
•		of incorporation)	(Date of duration, if other than perpetual)		
6.		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7	154 Keystone Dr	, New Castle, PA 16105-4546			
۲.		(Principal off	ice <u>street</u> address)		
		(Current mailin	ng address, if different)		
8.	Name and street	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		
	Name:	Paracorp Incorporated			
o	ffice Address:	155 Office Plaza Drive, 1st Floor			
		Tallahassee	Florida 32301		
		(City)	, Florida 32301 (Zip code)		
H de fu	laving been nan esignated in this orther agree to c	application. I hereby accept the appoints	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties ssition as registered agent.		
		Please see attached.			
	_	(Registered agent's s	ignature)		
10 th	0. Attached is a ne Department of	certificate of existence duly authenticated f State, by the Secretary of State or other of	, not more than 90 days prior to delivery of this application to official having custody of corporate records in the jurisdiction		

under the law of which it is incorporated.

¹⁾ For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS									
□ Chairman	Name: Brody Lynn	□Chairman	Address: 154 Keystone Dr New Castle, PA 16105-4546						
ÜVice Chairman	Address:	□Vice Chairman							
Director	154 Keystone Dr	□Director							
□Presideni	New Castle, PA 16105-4546	□President							
□Vice President		□Vice President							
□ Secretary	☐Treasurer	⊡ Secretary		()Treasure:					
Officer Officer	Ass. Secretary	Officer Officer		■Other Ass. Secretary					
□Chairman	Name:	□Chairman	Name: Peter Ma	nickas					
□Vice Chairman	Address:	□Vice Chairman	Address:						
Director	154 Keystone Dr								
☐President	New Castle, PA 16105-4546	□President							
□Vice President		■ Vice President							
☐ Secretary	☐'Treasurer	□Secretary		[] Freasurer					
Officer Officer	Chief Executive	Officer Officer		Other					
□Chairman	Name: Gregory J. Purcell	□Chairman	Name:						
□Vice Chairman	Address:	□Vice Chairman	Address:						
Director	154 Keystone Dr	Director	·						
□President	New Castle, PA 16105-4546	□President							
III Vice President		∐Vice President							
I 1Secretary	☐ Treasurer	Secretary		[]Treasurer					
LJOther	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 filling your Florida Department of State Annual Report form.									
12	fat av	O.P.							
	Signature of Director or								
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. FETER A MAN. For Vice President (Typed or printed name and capacity of person signing application)									

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 5/22/2023

ENTITY NAME: STEELITE INTERNATIONAL U.S.A. INC.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee. FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

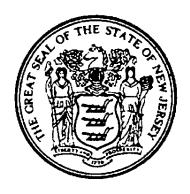
STEELITE INTERNATIONAL U.S.A. INC. 0100423585

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 02, 1989.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOHN D. MILES 154 KEYSTONE DRIVE NEW CASTLE, NJ 16105



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of May, 2023

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6143198787

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp