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| | (Requestor's Name) |
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| | (City/State/Zip/Phone #) |
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| ☐ PICK-U | P WAIT MAIL |
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| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
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| Special Instructions | s to Filing Officer: |
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Office Use Only



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2023 JUL - 6 PH 4: 31

APPROVED AND FILED



iC Bunupi≠A

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| DATE <u>07/06/2023</u> | _ | **WALK IN** |
|------------------------|-----------------------------|---|
| ENTITY NAME QUADA | AX VALVES, INC. | |
| DOCUMENT NUMBER | | |
| | **PLEASE FILE THE | ATTACHED AND RETURN** |
| | Plain Copy | |
| | Certified Copy | |
| XXXXXXX | Certificate of Status | |
| * | *PLEASE OBTAIN THE FOL | LOWING FOR THE ABOVE ENTITY** |
| | Certified Copy of Arts & | Amendments |
| | Certified Copy of Arts & | Amendments Complete File (Inclading Annaal Reports) |
| | Certificate of Status | |
| | Certificate of Status Refle | cling: |
| | **APOSTILLE' / NO | TARIAL CERTIFICATION** |
| COUNTRY OF DESTINAT | TION | |
| NUMBER OF CERTIFICA | TES REQUESTED | |
| TOTAL OWED \$ 78.75 | | ACCOUNT # 120140000108 Little United Corporate Services, Inc. Thank you so much! |
| Please call Tina at ti | he above number for any | issues or concerns. Thank you so much! |

COVER LETTER

| TO: | | tration Section of Corpor | | | | | | |
|-----------|----------------------------------|--|--|------------------|-----------|--|----------------------|--|
| SURI | FCT: | Quadax Valv | es Inc. | | | | | |
| 0000 | | | | f corporation | n - mu | st include suffix | | |
| Dear S | ir or M | adam: | | | | | | |
| "Certil | ficate o | [Existence," | | of Good Sta | ınding'' | and check are sub | | siness in Florida," d to register the |
| Please | return | all correspond | lence concernin | g this matt | er to the | e following: | | |
| Joseph | C. Dun | bar | | | | | | |
| | | <u> </u> | | Name o | f Perso | n | | |
| Quada: | x Valve: | Inc. | | | | | | |
| | | | | Firm/Co | mpany | | | |
| 1518 C | irundy's | Lane | | | | | | |
| | | | | Add | ress | | | |
| Bristol | , Pennsy | Ivania, 19007 | | | | | | |
| | | | · ·· -· | City/State | and Zip | o code | | |
| joe(g) co | oaxvalvo | is.com | | • | - | | | |
| | | | E-mail address: | (to be used | for fut | ure annual report | notific | cation) |
| For fur | ther int | ormation cor | cerning this ma | tter, please | call: | | | |
| Joseph | C. Duni | bar | , | 267 | . 85 | 9-4080 | | |
| | Name | e of Person | & | Area Co | de | Daytime Telep | hone | Number |
| | Regis Divisi The C 2415 | tration Sectio on of Corpor entre of Talla | ations hassee reet, Suite 810 | : | | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F | Sectio orpor 7 | n ations |
| Please i | | eck payable to | following amou FLORIDA DEI S78.75 Filing Certificate of | PARTMEN Fee & | □ \$78. | TATE 75 Filing Fee & tified 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

| (If name unavai | lable in Florida, enter alternate corporate nam | se adopted for the purpose of transacting bus | iness in Florida i |
|-----------------------|---|--|--------------------|
| Delaware | 3 | 3. 23-2384626 | |
| (State or count | (y under the law of which it is incorporated) | (FEI number, if applical | ole) |
| 12 06/2011 | 5 | N/A | |
| (Date | et incorporation) | (Date of duration, if other than p | c(petual) |
| | | | |
| | | in Florida, if prior to registration) 1502; F.S., to determine penalty liability) | |
| 1518 Grandy's L | ane, Bristol, Pennsylvania, 19007 | | |
| | (Principal of | flice <u>street</u> address) | 2023 |
| - | (Current mail | ing address, if different) | |
| Name and <u>str</u> e | ej address of Florida registered agent: (P. | O Box <u>NOT</u> acceptable) | SSEE CONTRACTOR |
| Name. | United Corporate Services, Inc. | | GASIA |
| ffice Address: | 3458 Lakeshore Drive | | 善益。 |
| THEE AUGUSTSS. | Tallahassee | , Florida 32312 | |
| mee Address. | | | |

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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six to) total]

| A. DIRECTORS | | | |
|---------------------------------------|---|-----------------------|---|
| Chairman | Name: Friedrich Mueller muller co-ax; Gottfried-Müeller-Str. 1; | Chairman | Name: Thorsten Mueller |
| □Vice Chairman | Address: 74670 Forchtenberg: Germany | ■ Vice Chairman | müller co-ax; Gottfried-Müeller-Str. 1: Address: 74670 Fotchtenberg; Germany |
| □Director | | Director | |
| □President | | □President | |
| □Vice President | | □Vice President | |
| ☐Secretary | ☐ Treasurer | ☐ Secretary | Treasurer |
| Other | Other | □Other | □Other |
| □Chairman | Tobias Schnizler | □ Chairman | Andreas Wurst |
| □Vice Chairman | Name: muller co-ax; Gottfried-Mücller-Str. 1; 74670 Forchtenberg; Germany | □Vice Chairman | müller co-ax; Gottfried-Müeller-Str. 1; Address: 74670 Forchtenberg; Germany |
| Director | | Director | |
| □President | | President | |
| □Vice President | | □Vice President | |
| ☐ Secretary | ☐ Treasurer | □ Secretary | □Treasurer |
| □Other | | COther | []Other |
| ⊡Chairman | Name: Joseph C. Dunbar 1518 Grundy's Lane, Bristol. | □Chairman | Name: |
| □Vice Chairman | Address: Pennsylvania, 19007 | □Vice Chairman | Address: |
| □Director | | □Director | |
| □President | | □President | |
| ■ Vice President | | □Vice President | |
| ■ Secretary | ■ Treasurer | ☐ Secretary | ☐ l'reasurer |
| □Other | Other | ⊡Other | Other |
| Important Notice: (individuals may be | Jse an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen | nt of State Annual Re | port form, |
| · | Signature of Director or | Officer | |
| | tor signing this document (and who is listed in number lise information submitted in a document to the Department | | |



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

DELAWARE, DO HEREBY CERTIFY "QUADAX VALVES, 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 SIXTH DAY OF JULY, 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 "QUADAX VALVES, INC." WAS INCORPORATED ON THE SIXTH DAY OF DECEMBER, A.D. 2011.

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

THE STATE OF THE S

Authentication: 203689685

Date: 07-06-23