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(Bu	siness Entity Nan	ne)		
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COVER LETTER

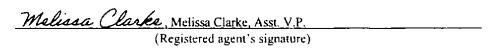
TO:	Registration Section Division of Corporations			
SUBJ	PMI-TECH NA, Inc.			
SOB		f corporation	- must include suffix	 _
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Cor icate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stand	ding" and check are submit	
Please	return all correspondence concernin	g this matter	to the following:	
Abby R	liegler			
	· · · · · · · · · · · · · · · · · · ·	Name of F	Person	
Thorell	i & Associates			
		Firm/Com	pany	
70 W. I	Madison St., Suite 5750			
		Addre	SS	
Chicago	o, IL 60602			
	·	City/State an	d Zip code	
abby@	thorelli.com			
	E-mail address:	(to be used fo	or future annual report noti	fication)
For fur	ther information concerning this ma	ner, please ca	all:	
Abby Riegler at (312 357-0300				
	Name of Person	Area Code	Daytime Telephon	ne Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations
Please r	ed is a check for the following amounake check payable to: FLORIDA DEI .00 Filing Fee	PARTMENT Fee &		\$87.50 Filing Fec. 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.

	corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	•	
(If name unavai	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	ousiness in Flo	rida)
Delaware	3 93.	4223261		
(State or count	ry under the law of which it is incorporated)	(FEI number, if appl		· · · · ·
(Date	(Date of incorporation) 5. (Date of duration, if other than		n perpetual)	-
70 W. Madison	St., Suite 5750, Chicago, IL 60602 (Principal office s	treet address)		
	(Current mailing ac	idress, if different)		~
. Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. B Corporation Service Company	ox <u>NOT</u> acceptable)	:	2023 NOV -6
	1201 Hays Street	_	. `	PH
ffice Address:		32301	-	01:11
Office Address:	Tallahassee	_ , Florida		

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.



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	Name: Ryan Christopher Boyd	□Chairman	Name: Thomas H. Thorelli	
□Vice Chairman	Address:	□Vice Chairman	Address: 70 W, Madison St.	
■Director	Lakeland, FL 33811	□Director	Suite 5750	
■ President	·····	□President	Chicago, IL 60602	
□Vice President	·	□Vice President		
☐ Secretary	□Treasurer	Secretary	□Treasurer	
⊡Other	Other	□Other	Other	
□Chairman	Name: Marcel Nicolaas Lupé	□ Chairman	Name: Rick Sebastiaan Veldkamp	
□Vice Chairman	Frederikstraat 27	□Vice Chairman	Address: Herenstraat 62	
Director	7553 KC Hengelo (OV)	Director	1406 PH Bussum	
□President	The Netherlands	□President	The Netherlands	
□Vice President		□Vice President		
□Secretary	■ Treasurer	☐ Secretary	□Treasurer	
Other	Other	■Other	asurer Other	
□Chairman	Jasper Johannes Vreeman	□Chairman	Name: Charles Boyd	
□Vice Chairman	Address: Aaldershuuslaan 6	□Vice Chairman	Address: 2003 Oakwood Knoll Ct	
Director	7091RE Dinxperlo	□Director	Valrico, FL 33596	
□President	The Netherlands	□President		
□Vice President		■ Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer	
Other Asst. Tre	Other	Other	□Other	
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Direct Signature of Direct	tment of State Annual Re	port form.	
12.	Signature of Direct	or or Officer		
	ctor signing this document (and who is listed in nuralse information submitted in a document to the Dep			

Thomas H. Thorelli - Secretary 13.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PMI-TECH NA, 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-SEVENTH DAY OF OCTOBER, A.D.

2551718 8300

SR# 20233835208

2023.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jaffery W. Buttack, Secretary of SLIFE

Authentication: 204471354

Date: 10-27-23