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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Isola USA Corp.				
	of corporation -	must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificate above referenced foreign corporation to the	e of Good Standii	ng" and check are subr	t Business in Flori nitted to register th	da," ie
Please return all correspondence concern	ing this matter to	the following:		
Michael Byrnes (Tax Dept)				
	Name of Person			1.75
Isola USA Corp.				<u></u>
	Firm/Compa	ny		<u> </u>
6565 W. Frye Rd.				
	Address			70 70 70 70 70 70 70 70 70 70 70 70 70 7
Chandler, AZ 85226				골됬
	City/State and	Zip code		
mike.byrnes@isola-group.com				
E-mail address	s: (to be used for	future annual report no	otification)	
For further information concerning this n	natter, please call	:		
Michael Byrnes	480	Code Daytime Telephone Number		
Name of Person	Area Code	Daytime Teleph	one 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		
Enclosed is a check for the following amore Please make check payable to: FLORIDA D S70.00 Filing Fee S78.75 Filing Certificate of	EPARTMENT OF Significant Feet & \$\Big \square\$	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Cor	Status &

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.

	more are rostoa, enter atternate corporate name a	adopted for the purpose of transacting business in Flori	ida)
Delaware	3	20-1089618	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
May 5, 2004	5.		
(Dat	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in	Florida, if prior to registration)	
6565 W. Frve Ro		02, F.S., to determine penalty liability)	
	. Chandler, AZ 85226	ce street address)	: - ; .
	(Frincipal offic	e wreet address)	7-11
		:	<u> !</u>
	(Current mailing	g address, if different)	
	(Current mailing	g address, if different)	
Name and stre			37 OF 5
Name and stre	(Current mailing et address of Florida registered agent: (P.O C T Corporation System		1910 1 0 150 1910 10 58
	et address of Florida registered agent: (P.O		RY OF GIATE
Name:	et address of Florida registered agent: (P.O C T Corporation System 1200 South Pine Island Road		300 000 000 000 000 000 000 000 000 000

Sandra Zingal (Registered agent's signature)

Sandra Zwijack, Assistant Secretary

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: Travis Kelly	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	Chandler, AZ 85226	□Director						
□President		□President						
□Vice President		□Vice President						
□ Secretary	□Treasurer	□ Secretary	□Treasurer					
■Other CEO	Other	□Other						
□Chairman	Troy Ruhrer	□Chairman	Name:					
	6565 W. Frye Rd.		Address:					
□Director	Chandler, AZ 85226	□Director						
□President		□President						
□Vice President		□Vice President	2023					
☐ Secretary	□Treasurer	□Secretary	□Treasurer 💍 🧻					
■Other CFO		□Other	Other of the control of the co					
□Chairman	Name: Michael Rafford	□Chairman	Name:					
□Vice Chairman	6565 W. Frye Rd.		Address:					
□Director	Chandler, AZ 85226	□Director						
□President		□President						
■Vice President		□Vice President						
■ Secretary	□Treasurer	□Secretary	□Treasurer					
□Other		Other	Other					
Important Notice: Use an attachment to report more than ix (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the indix when jiling your Florida Department of State Annual Report form. 12. Signature of Director or Officer								

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.

, Michael Rafford SVP/Secretary

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ISOLA USA CORP." 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 OCTOBER, 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 "ISOLA USA CORP."

WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2004.

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

ada.

Authentication: 204428007

Date: 10-23-23

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