Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000022905 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

legal@cornerston-bb.com Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION MW MANUFACTURES INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

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.")	у, "СОМРАХ	√Y, "CORPORATE	lon,"	
(If name unavai	lable in Florida, enter alternate corporate name	e adopted for t	he purpose of transac	eting business in Florida	<u>-</u>
) Delaware	3	63-0400153			
(State or coun	ry under the law of which it is incorporated)	·	(FEI number, if	applicable)	_
4. 03-08-1999	5				
(Dat	5 e of incorporation)	(D:	ate of duration, if other	er than perpetual)	_
,	* •				
6	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	1502, P.S., to o		bility)	
6	(Date first transacted business (SEE SECTIONS 607.1501 & 607. rkway, Cary, North Carolina 27513, United St (Principal of	1502, F.S., to dates Tice <u>street</u> add	letermine penalty liab		
6	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	1502, F.S., to cates lice <u>street</u> adding address, if	determine penalty liab	SECRETARY OF STATE TALLARA SEE, F.	Lange of the state

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.

Bv:	C T Corporation System	Stephone Honey	Stephanie Hencz, Assistant Secretary
	(Registero	ed 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.

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

From: Kaity Toon

A. DIRECTORS						
□Chairman	Name:	□Chairman	Mehling Siracusa Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: 5020 Weston Parkway Cary, North Carolina 27513			
■Director	5020 Weston Parkway	□Director				
□President	Cary, North Carolina 27513	□President				
□ Vice President		Ti Vice President				
⊕Secretary	TTreasurer	Disecretary	TiTreasurer			
Other	Counsel	■Other <u>Treasurer</u>	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
UChairman	Name:	⊒Chairman	Name:			
□Vice Chairman	5020 Weston Parkway Address:	DVice Chairman	5020 Weston Parkway Address:			
Director	Cary, North Carolina 27513	∃Director	Cary, North Carolina 27513			
□President		□President				
■ Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□ CFO	Other	∃Other	□Other			
□ Chairman	Colleen Pritchett	11 Chairman	Michelle Severini			
	5020 Weston Parkway Address:	□Vice Chairman	5020 Weston Parkway Address:			
□Director	Cary, North Carolina 27513	Director	Cary, North Carolina 27513			
ElPresident		CIPresident				
☐\Vice President		■ Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	∃Other			
Important Notice: Undividuals may be	Use an attachment to report more than six (6). The attack added to the index (when filling your Florida Department (L. L. L. L. L. L. L. L. L. L. Signature of Director or	hment will be imaged it of State Annual Re	port form.			
12.	Signature of Director or	Officer				
The officer or director signing this document (and who is listed in number 1) above) affirms that the facts stated herein are true and that he 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.						



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MW MANUFACTURERS 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 SIXTEENTH DAY OF JANUARY, A.D. 2024.

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

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

Authentication: 202597551

Date: 01-16-24