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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.

(((H240001163413)))



H240001163413ABCVV

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAYNARD NEXSEN PC Account Number : I20220000140

Phone : (407)647-2777 Fax Number : (407)647-2157

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

FOREIGN PROFIT/NONPROFIT CORPORATION

Louver-Lite (US) Inc.

Certificate of Status	0
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March 28, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

MAYNARD NEXSEN PC CORPORATION

SUBJECT: LOUVER-LITE (US) INC

REF: W24000050205

We have received your document for LOUVER-LITE (US) INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s): We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please select the Profit/Non-profit corporation to correspond with your submission-when choosing your fax filing option.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway FAX Aud. #: H24000104118 Regulatory Specialist II Letter Number: 224A00006739

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COVER LETTER

TO: Regis	tration Section			
	ion of Corporations			
SUBJECT:	Louver-Lite (US) Inc.			
	Name o	f corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corf Existence," or "Certificate coded foreign corporation to tra	of Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.	
Please return :	all correspondence concernin	g this matter	to the following:	
Paul N. Korte,	Esquire			
		Name of I	Person	
Maynard Nexs	en PC Corporation			
		Firm/Com	pany	
200 East New I	England Avenue, Suite 300			
		Addre	SS	
Winter Park, F	lorida 32789			
		City/State ar	id Zip code	
gavin, gray@lo	uvolite.com			
	E-mail address:	(to be used fo	or future annual report notification)	
For further inf	formation concerning this ma	tter, please ea	all:	
Paul N. Korte	a	it (647-2777	
Name	e of Person	Area Code	Daytime Telephone Number	
Regist Divisi The C 2415 1	EET/COURIER ADDRESS tration Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 passee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amou eck payable to: FLORIDA DEI ng Fee	PARTMENT Fee & 🗇	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy 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 name a	idented for the purpose of transacting business	in Florida)
		4234955	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
August 2, 2023			
(Dat	e of incorporation)	(Date of duration, if other than perpet	ual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
Ashton Rd, Hyd	c, Cheshire, SK14 4BG, United Kingdom		
	(Principal offic	e street address)	
	(Curtent maining	address, if different)	
Name and <u>stre</u> Name:	et address of Florida registered agent: (P.O. Maynard Nessen PC Corporation	•	
Name:	et address of Florida registered agent: (P.O.	•	
Name:	et address of Florida registered agent: (P.O. Maynard Nexsen PC Corporation 200 East New England Avenue, Ste 300 Winter Park	Box NOT acceptable) —	3
Name:	et address of Florida registered agent: (P.O. Maynard Nexsen PC Corporation 200 East New England Avenue, Ste 300 Winter Park	•	%
Name: fice Address: Registered ag aving been nam signated in this rther agree to c	et address of Florida registered agent: (P.O. Maynard Nexsen PC Corporation 200 East New England Avenue, Ste 300 Winter Park	Box NOT acceptable)	this capa
Name: ffice Address: Registered ag aving been nan ssignated in this rther agree to c	Maynard Nexsen PC Corporation 200 East New England Avenue, Ste 300 Winter Park (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointmental comply with the provisions of all statutes re-	Box NOT acceptable)	on at the p this capac

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):

H24000116341.3

A. DIRECTORS							
UChairman	Name: Simon Jon Monk	□Chairman	Name: Brian Robertson				
□Vice Chairman	Hyde Cheshire SK14 4BG		Address: Ashton Road				
□Director			Hyde, Cheshire, SK14 4BG				
President	United Kingdom	□President	United Kingdom				
□Vice President		□Vice President					
Secretary	Treusurer	Secretary	Treasurer				
□Other		□Other					
□Chairman □Vice Chairman □Director	Name: Ashton Road Address: Hyde, Cheshire, SK14 4BG	□Chairman □Vice Chairman □Director	Name:				
□President	United Kingdom	□ President					
₩Vice President		□Vice President					
☐Secretary	C)Treasurer	□ Secretary	☐Treasurer				
Other	Cother	©Other					
☐ Chairman	Name. Antony Bernes Ashton Road	□Chairman	Name.				
□Vice Chairman	Address: Ashton Road Hyde, Chesnire, SK14 4BG	□Vice Chairman	Address:				
Director	United Kingdom	□Directo:					
DPresident	Officer Kingdom	-President					
≝Vice President		□Vice President					
☐ Secretary	Treasurer	☐Secretary	☐ Treasurer				
∐Other	L (Other	∐Other	[JOther				
Important Notice: individuals may be	Use an attachment to report more than six (6). The atta- added to the index when filing your Florida Departme	ent of State Annual Re	for reporting purposes only. Non-indexed port form.				
12	Signature of Director of						
	Signature of Director of	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 fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.							
Simon Jon Monk - President of Louver-Lite (US) Inc							
(Typed or printed name and capacity of person signing application)							

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

DELAWARE, DO HEREBY CERTIFY "LOUVER-LITE (US) 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 SECOND DAY OF FEBRUARY, 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 SAID "LOUVER-LITE (US)

INC." WAS INCORPORATED ON THE SECOND DAY OF AUGUST, A.D. 2022.

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

at corp.delaware.gov/auth

Authentication: 202724284

Date: 02-02-24