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From: Kaity Toon

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address: morgan.bobadilla@toraycma.com

## FOREIGN PROFIT/NONPROFIT CORPORATION TORAY COMPOSITE MATERIALS AMERICA INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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## 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	adopted for the purpose of transacting busines	ss in Florida)
y Washington	3.	91-1560472	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. 05/12/1992	5.		
	e of incorporation)	(Date of duration, if other than perp	petual)
6. Upon Filing			
<del></del> -	(Date first transacted business in	Florida, if prior to registration) 02. F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1301 & 607.13	02. P.S., to determine penalty habitity)	
7. <u>19002 50TH AV</u>	E E, Tacoma, WA 98446		
		as a turnet military (	<del></del>
		ce <u>street</u> address)	<del> </del>
same	(Principal offi		
same	(Principal offi	g address, if different)	20
	(Principal offi (Current mailin et address of Florida registered agent: (P.C	g address, if different)	2024 APR
	(Principal offi (Current mailin	g address, if different)	2024 APR 1 I
8. Name and <u>stre</u> Name:	(Principal offi (Current mailin et address of Florida registered agent: (P.C	g address, if different)	=
8. Name and <u>stre</u> Name:	(Principal offi (Current mailin et address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	g address, if different)  2. Box NOT acceptable)	PA
8. Name and stre	(Principal offi (Current mailin et address of Florida registered agent: (P.C C T Corporation System 1200 South Pine Island Road	g address, if different)	=

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.

	C T Corporation System	2.46	
By:	ERIC CARLSON, ASSISTANT SECRETARY	high hilson	
(Registered 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.

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

\* Pege: 4 of 5

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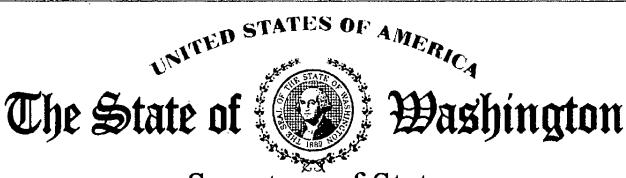
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48277645	From: Kaity Too

A. DIRECTORS			
□Chairman	Name: Yasuto Tanaka	□Chairman	Name: Dennis Frett
□ Vice Chairman	Address: 19002 50TH AVE E	□Vice Chairman	Address: 19002 50TH AVE E
⊠Director	Tacoma, WA 98446	■Director	Tacoma, WA 98446
□President		∃President	<u> </u>
☐ Vice President	<del></del>	□Vice President	
<b>B</b> Secretary	ElTreasurer	USecretary	□Treasurer
國Other CFO		■Other	□Other
□ Chairman	Name:	□Chairman	Name:
☐ Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□ Treasurer
☐Other	□Other	□Other	
□Chairman	Name:	⊒Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director □		☐Director	
ElPresident .		DiPresident	
□Vice President		□Vice President	
□Secretary	☐ Treasurer	DSecretary	□Treasurer
□Other	Other	□Other	Other
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.			
12	Dennis Frett		
	Signature of Director o	r 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.			
13D	ennis Frett, President	m signina analisadi -	\

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Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

OF

## TORAY COMPOSITE MATERIALS AMERICA, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/12/1992.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/10/2024 UBI Number: 601 388 686

R Hollie



Teller.

Given under my hand and the Seal of the State of Wishington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued | 04/14/2024