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PHONE: (800) 435-9371; FAX: (866) 860-8395

**DATE:** 07.

07/17/2024

NAME:

TRIA AMERICA, INC.

TYPE OF FILING: APPLICATION

COST: 70 + 150 = 220

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### 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.

(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPOR Corp," "Inc," "Co," or "Corp.")	RATED," "COMP	PANY," "CORPORATIO	ON,"	
TRIA Pla	stics, Inc.				
(If name unavai	lable in Florida, enter alternate corpora	ate name adopted for	or the purpose of transact	ting business in Florida	 a)
2. North Carolina		3. 27-46493		•	,
(State or count	ry under the law of which it is incorpor	3 rated)	(FEI number, if a	applicable)	<u></u>
November 30,	2010	c			
	e of incorporation)	J	(Date of duration, if othe	r than perpetual)	
6 February I, 202	23		, , , , , , , , , , , , , , , , , , , ,	· ···	
	(Date first transacted bu (SEE SECTIONS 607.1501 &	& 607.1502, F.S., t	if prior to registration) to determine penalty liabi	ility)	_
7. 632 Eagleton Do	wns Drive, Suite A, Pineville, NC 2813	34			
	(Princ	cipal office <u>street</u> a	address)		
632 Eagleton Do	owns Drive, Suite A, Pineville, NC 281	34			
	(Currer	nt mailing address,	if different)	28	-
8. Name and streen	et address of Florida registered ager Paracorp Incorporated	nt: (P.O. Box <u>N</u> 0	<u>OT</u> acceptable)	2024 JUL 17	APPROV AND FILE
Office Address:	155 Office Plaza Drive, 1st Floor				) }
	Tallahassee	, Flc	orida	5; 2; 5; 2;	_
	(City)		(Zip code)	•	
designated in this further agree to co	ent's acceptance: ed as registered agent and to accep application, I hereby accept the ap omply with the provisions of all sta with and accept the obligations of	ppointment as reg ututes relative to s	gistered agent and agr the proper and comple	ree to act in this can	acity I
	see attached				
	<del></del>				

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

#### A. DIRECTORS Luciano Anceschi Cinzia Macchioni Chairman Name: □ Chairman 632 Eagleton Downs Drive, 632 Eagleton Downs Drive, Address: ☐ Vice Chairman ☐ Vice Chairman Address: Suite A, Pineville, NC 28134 Suite A, Pineville, NC 28134 Director □ Director □ President President ☐ Vice President ☐ Vice President ☐ Secretary ☐'l'reasurer □ Secretary Treasurer □ Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_ \_ Name: Kirk J. Winstead Name: Antonio Valla □ Chairman □ Chairman Address: 632 Eagleton Downs Drive, 333 Bush Street, Suite 2020 ☐ Vice Chairman □Vice Chairman Suite A, Pineville, NC 28134 San Francisco, CA 94104 □ Director ☐ Director President □President ☐ Vice President □ Vice President ☐ Secretary □Treasurer **■**Secretary □Treasurer Other \_\_\_\_\_ Other \_\_\_ Other \_\_\_\_ □Other \_\_\_\_ Stefano Venturelli Chairman Name: □ Chairman Name: 632 Eagleton Downs Drive, □Vice Chairman □ Vice Chairman Address: \_\_\_\_ Suite A, Pineville, NC 28134 Director □ Director ☐ President ☐ President ☐ Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □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. 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.

Kirk J. Winstead, President

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 7/12/2024

ENTITY NAME: TRIA Plastics, Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Taliahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



# NORTH CAROLINA Department of the Secretary of State

#### **CERTIFICATE OF EXISTENCE**

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### TRIA AMERICA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of November, 2010, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of July, 2024.

Elaine I Marshall

Secretary of State