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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: |                           |                   |           |
|--|---------------------------|-------------------|-----------|
| (Address)<br>(City/State/Zip/Phone #)<br>PICK-UP WAIT MAIL<br>(Business Entity Name)<br>(Document Number)<br>Certified Copies Certificates of Status   | (Re                       | questor's Name)   |           |
| (Address)<br>(City/State/Zip/Phone #)<br>PICK-UP WAIT MAIL<br>(Business Entity Name)<br>(Document Number)<br>Certified Copies Certificates of Status   |                           |                   |           |
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Office Use Only

# **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT: \_\_\_\_\_ Guardian Chemicals USA Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Geoffrey Roth

|   | Name o             | f Person                      |   |  |
|---|--------------------|-------------------------------|---|--|
| Guardian Chemicals USA Inc.   |                    |                               |   |  |
|   | Firm/Co            | mpany                         |   |  |
| 1662 Broad Street   |                    |                               |   |  |
|   | Add                |                               |   |  |
| Kissimmee, FL, 34746  |                    |                               |   |  |
| <u> </u>  | City/State         | and Zip code                  |   |  |
| groth@guardianchem.com  | 2                  | ·                             |   |  |
| E-mail ad   | dress: (to be used | for future annual report      | notification)                             |  |
| For further information concerning th   | nis matter, please | call:                         |   |  |
| Geoffrey Roth   | +1780<br>at (      | 2313946                       |   |  |
| Name of Person  | Area Co            | de Daytime Tele               | phone Number                              |  |
| STREET/COURIER ADD  | RESS:              | MAILING A                     |   |  |
| Registration Section<br>Division of Corporations                              |                    | Registration<br>Division of C |   |  |
| The Centre of Tallahassee   |                    |                               | P.O. Box 6327                             |  |
| 2415 N. Monroe Street, Suite<br>Tallahassee, FL 32303                         | 2 810              | Tallahassee,                  | FL 32314                                  |  |
| Enclosed is a check for the following<br>Please make check payable to: FLORID |                    | T OF STATE                    |   |  |
|   |                    | □ \$78.75 Filing Fee &        | \$87.50 Filing Fee,                       |  |
| Certific  | ate of Status      | Certified Copy                | Certificate of Status &<br>Certified Copy |  |

Guardian Chemicals USA Inc.

# 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.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")

| Delaware                      |  | 30-112                  | 5216  |
|-------------------------------|--|-------------------------|---|
| (State or count               | y under the law of which it is incorporated)   |                         | (FEI number, if applicable)                 |
| August 14, 2013               | 8  | 5.                      |   |
| (Date                         | : of incorporation)  |                         | (Date of duration, if other than perpetual) |
| N/A                           |  |                         |   |
|                               | (Date first transacted busines<br>(SEE SECTIONS 607.1501 & 607   |                         |   |
| 662 Broad Stree               | a, Kissinnnee, FL,34746  |                         |   |
|                               |  |                         |   |
|                               | (Principal o   | office <u>stree</u>     | t address)                                  |
|                               | (Principal a   | office <u>stree</u>     | t address)                                  |
|                               | · · · · · · · · · · · · · · · · · · ·  |                         | t_address)<br>s, if different)              |
| Name and <u>stre</u>          | · · · · · · · · · · · · · · · · · · ·  | ling addres             | ss, if different)                           |
| Name and <u>stre</u><br>Name: | (Current mai   | ling addres             | s, if different)<br><u>NOT acceptable</u> ) |
| Name:                         | (Current main equation (Current main equation ) (Current main equation ) (Figure 1) (Current main equation ) (Current main equatio | ling addres             | s, if different)<br>NOT acceptable)         |
|                               | (Current main<br>et address of Florida registered agent: (I<br>Geoff Roth  | ling addres<br>P.O. Box | s, if different)<br>NOT acceptable)         |

### 9. Registered agent's acceptance:

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.

| GRA |
|-----|
|     |

(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.

| A. DIRECTORS |
|--------------|
|--------------|

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λ.

| Chairman  Chairman  Chairman  Director  President  Vice President  Secretary  Other | Edmonton, AB<br>T5N 2N1<br>Canada | <ul> <li>Chairman</li> <li>Vice Chairman</li> <li>Director</li> <li>President</li> <li>Vice President</li> <li>Secretary</li> <li>Other</li> </ul> | John David Roth         Name:       9302-93 Street NW         Address:       9302-93 Street NW         Edmonton, AB |
|---|-----------------------------------|--|---|
| □Chairman<br>□Vice Chairman<br>□Director  | Name:                             | □Chairman<br>□Vice Chairman<br>□Director   | Name:   |
| □President  |                                   | □President   |   |
| □Vice President   |                                   | □Vice President  |   |
| Secretary   | □ Treasurer                       | □Secretary   | Treasurer   |
| □Other  | Other                             | □Other   | Other   |
| 🗆 Chairman  | Name:                             | □Chairman  | Name:   |
| □Vice Chairman  | Address:                          | □Vice Chairman   | Address:  |
| Director  | <u> </u>                          | Director   |   |
| President   |                                   | □President   |   |
| □Vice President   |                                   | □Vice President  |   |
| □Secretary  | Treasurer                         | Secretary  |   |
| □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.

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.

13. Geoffrey Roth, Director



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GUARDIAN CHEMICALS USA 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 TWENTY-SECOND DAY OF JULY, 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 "GUARDIAN CHEMICALS USA INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2018.

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



Authentication: 203973632 Date: 07-22-24

7015812 8300 SR# 20243192984

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You may verify this certificate online at corp.delaware.gov/authver.shtml