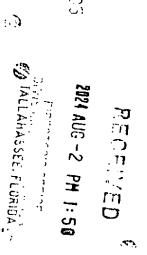
F24000004097

| | (Requestor's Name) |
|-------------------------|--------------------------|
| <u> </u> | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
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| | tration Section ion of Corporations | | | |
|--|---|--|---------------------------------|--|
| SUBJECT: | Alfatec Management Corp. | | | |
| 50B01907. | | corporation - | - must include suffix | |
| Dear Sir or M | adam: | | | |
| "Certificate of | "Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran | Good Stand | ling" and check are submitte | siness in Florida," d to register the |
| Please return | all correspondence concerning | this matter | to the following: | |
| Sebastian Meis | 3 | | | |
| | | Name of F | erson | |
| Baker Donelso | n | | | |
| | | Firm/Comp | pany | |
| 3414 Peachtree | e Road NE, Suite 1500 | | | |
| | | Addre | SS | |
| Atlanta, GA 30 | 0326 | | | |
| | | City/State an | d Zip code | |
| smeis@bakerd | onelson.com | | | |
| | E-mail address: (| to be used fo | or future annual report notific | cation) |
| For further in | formation concerning this mat | ter, please ca | all: | |
| Sebastian Meis | s a | 404 | 4436771 | |
| Nam | e of Person | Area Code | Daytime Telephone | Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32 | n ations | |
| | check for the following amounted payable to: FLORIDA DEP ing Fee | ARTMENT Fee & 🛚 | | \$87.50 Filing Fee, Certificate of Status & 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.

| | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | ," "COMPANY," "CORPORATI | ON," | |
|---------------------------------|--|---|------------------|------------|
| | | | | |
| f name unavail | able in Florida, enter alternate corporate name | e adopted for the purpose of transac | ting business ir | i Florida) |
| Delaware | 3 | 88-3947666 | | |
| (State or countr | y under the law of which it is incorporated) | 3. (FEI number, if applicable) | | |
| 08/22/2022 | 5 | | | |
| (Date of incorporation) | | (Date of duration, if other than perpetual) | | |
| | | | | |
| 109 West Mark | et Street, Suite 151, Johnson City, TN 37604 (Principal of | Tice street address) | | <u> </u> |
| | (Current mail | ing address, if different) | 9 | |
| | | | | |
| Name and stree | et address of Florida registered agent: (P. | O. Box <u>NOT</u> acceptable) | | |
| Name and <u>stre</u> c Name: | et address of Florida registered agent: (P. Corporation Service Company | O. Box <u>NOT</u> acceptable) | | |
| Name: | | O. Box <u>NOT</u> acceptable) | | |
| | Corporation Service Company 1201 Hays Street | O. Box <u>NOT</u> acceptable) | | 1 |

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.

(Registered agent's Ignature)

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 | | | | | | |
|---|---|------------------------|--|--|--|--|
| [] Chairman | Name: | □Chairman | Jens Kohler Name: | | | |
| □Vice Chairman | Address: 2109 West Market Street, | □Vice Chairman | Address: 2109 West Market Street, | | | |
| ■Director · | Suite 151, Johnson City, TN 37604 | Director | Suite 151, Johnson City, TN 37604 | | | |
| □President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| □ Secretary | □Treasurer | □Secretary | Treasurer | | | |
| Other | Other | □ Other | []Other | | | |
| | Harald Fuerst | □ Chairman | Schastian Meis | | | |
| Chairman | 2109 West Market Street | □ Vice Chairman | 3/11/ Penchtree Road NE | | | |
| | Address:Suite 151, Johnson City, TN 37604 | | Address: Suite 1500, Atlanta, GA 30326 | | | |
| Director | | □ Director □ President | | | | |
| President | | | | | | |
| | | □Vice President | | | | |
| ☐ Secretary | □Treasurer | Secretary | □Treasurer | | | |
| Other | Other | ClOther | Other | | | |
| | | | | | | |
| □Chairman | Name: | ☐ Chairman | Name: | | | |
| □Vice Chairman | Address: | ☐ Vice Chairman | Address: | | | |
| □ Director | | Director | | | | |
| □President | | □Presid e nt | | | | |
| □ Vice President | | □Vice President | · | | | |
| ☐Secretary | ☐Treasurer | □Secretary | ☐ 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. Signature of Director or Officer | | | | | | |
| | Signature of Director of | 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. | | | | | | |
| 13. Sebastian N | Meis, Secretary | | | | | |

(Typed or printed name and capacity of person signing application)

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALFATEC MANAGEMENT CORP." 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 FIRST DAY OF AUGUST, 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 "ALFATEC

MANAGEMENT CORP." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF

AUGUST, A.D. 2022.

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



Authentication: 204068176

Date: 08-01-24

6983021 8300 SR# 20243303198