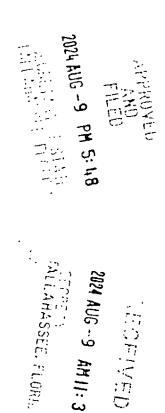
F240000014199

(Requestor's Name)						
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Centificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



300428912983



799 6 9 2974 K. Brumble: 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 08/09/24 Order #: 1585672-1

Re: Limmat Technologies, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70:0 - FL State Account Number:

帛

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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 nan	ne of co	ogies. Inc. rporation; must include "INCORPORATED," " rp." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATIO	ON."		
(If name u	navailal	ole in Florida, enter alternate corporate name add	opted for the purpose of transact	ing business in Florida)		
2. Delaware	ı	3.				
(State or	country	try under the law of which it is incorporated) (FEI number, if applicable)				
411/13/201	18	5				
	4. (Date of incorporation)		(Date of duration, if other than perpetual)			
6						
		(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		llire)		
_ 5824 Bee F	Ridge Ro	d. Sarasota, FL 34233	. 1 .5., to determine penalty habi	,		
7		(Principal office	street address)	_ 		
			- 			
		(Current mailing a	ddress, if different)	~ <u> </u>		
				AP1 F 2024 AUG *:31 1335		
8. Name and	d <u>street</u>	address of Florida registered agent: (P.O. E	Box NOT acceptable)	7 A A		
Nar	ne:	Corporation Service Company				
Office Address:	ess:	1201 Hays Street		PM PM		
		Tallahassee	, Florida	in the second se		
		(City)	(Zip code)	æ		
Having been designated in further agre	n name n this o re to co.	nt's acceptance: d as registered agent and to accept service a application, I hereby accept the appointmen apply with the provisions of all statutes rela with and accept the obligations of my positi	nt as registered agent and aga tive to the proper and compl	ree to act in this capacity. I		

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.

-Shauna Godbolt-

Corporation Service Company

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 2938 Bravura Lake Drive	□Vice Chairman	Address:				
Director	Sarasota, FL 34240	□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□Chairman □Vice Chairman ■Director	Name:	□Chairman □Vice Chairman □Director	Address:				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other		Other		□Other			
□Vice Chairman	Name: Richard Stevens 9772 Summers Pond Dr. Address: Loveland, OH 45140						
■ Director	<u> </u>	Director					
□President		□President					
□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. Gueva Schale 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 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. Geneva Schlabach, Director							

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LIMMAT TECHNOLOGIES, 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 EIGHTH 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 "LIMMAT TECHNOLOGIES, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2018.

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

Authentication: 204121789

Date: 08-08-24