M1800000 2059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
!

Office Use Only



500309643605



RECEIVED 200 FEB 28 PM 1: 49 200 FEB 28 PM 1: 49

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 088677 8011721

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: February 27, 2018

ORDER TIME : 11:54 AM

ORDER NO. : 088677-040

CUSTOMER NO: 8011721

FOREIGN FILINGS

NAME: HYPERION MATERIALS & TECHNOLOGIES USA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section

Div	vision of Corporation	ons				
SUBJECT:		s & Technologies USA, LLC				
Sobsect.	Name of Limited Liability Company					
				ransact Business in Florida," Certificate ty company to transact business in Flori		
Please return	all correspondence	concerning this matter to the	e following:			
	Lydia Yu					
		N	lame of Person			
	Sandvik, Inc					
		F	irm/Company			
	1702 Nevins R	toad				
			Address			
	Fair Lawn, NJ	07410				
		City/S	itate and Zip Code			
	lydia.yu@sandv	ik.com				
		E-mail address: (to be use	d for future annual report no	tification)		
For further in	nformation concerning	ig this matter, please call:				
Lyc	dia Yu		201 794-50 at ()	35		
	Name	of Contact Person		time Telephone Number		
Div Reg P,O	LING ADDRESS: ision of Corporation: istration Section . Box 6327 ahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding secutive Center Circle see, FL 32301		
	check for the follow 125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable nates alternate	name adopted for the purpose of transacting business in Flo	21. Tt 1. 1. 11. 2. 12.	12. 6	
	name adopted for the purpose of transacting business in Flo		stiffity Company," "L.L.C," or "ELC,")	i
2. Delaware (Jurisdiction under the law of	which foreign limited liability company is organized)	3. 35-2617074 (FEI num	ber, if applicable)	
Unan realistration		,	,	
4. Upon registration	(Date first transacted business in Florida, if prior to	registration \		
(01310 : 151	(Date first transacted business in Florida, if prior to (See acctions 605,0904 & 605,0905, F.S. to determine	·	8°.	
5. 691 N Squirrel Rd (Street Address of	Principal Office)	6. 1702 Nevins Road (Mailing Add	(m) 5 5	
Auburn Hills, MI 483		Fair Lawn, NJ 07410		
			9 9 7 1	1
			 	Water
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accentable)	* CO	4
	Corporation Service Company	<u></u>		The same
Name:	Corporation Service Company	·		g site sem
Office Address:	1201 Hays Street			E-1, 20
	Tallahassec	, Florida 32301 (Zip cod	\$ 155 m	
	(City)	, Florida (Zip cod	le)	
	Corporation Service Company	lenis	Roxanne Tur	
	By: (Registered agent's si	•	Hoxanne Tur Asst. Vice Pres	
	By: (Registered agent's si	/have authority to manage is/are:	Asst. Vice Pres	
8. The name, title or caps <u>Title or Capacity:</u> President	Registered agent's an address of the person(s) who has Name and Address:	Whave authority to manage is/are: Title or Capacity:	Asst. Vice Pres	
Title or Capacity:	By: (Registered agent's si	/have authority to manage is/are:	Asst. Vice Pres Name and Address: Annette Maskal	
Title or Capacity:	Registered agent's sincity and address of the person(s) who has Name and Address: Johan Israelsson	Whave authority to manage is/are: Title or Capacity:	Asst. Vice Pres	
Title or Capacity:	Registered agent's sincity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road	Whave authority to manage is/are: Title or Capacity:	Name and Address: Annette Maskal 1702 Nevins Road	
Title or Capacity: President	By: (Registered agent's at acity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn / NT 07410	Whave authority to manage is/are: Title or Capacity:	Name and Address: Annette Maskal 1702 Nevins Road	
Title or Capacity:	By: (Registered agent's at acity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn / NT 07410	Whave authority to manage is/are: Title or Capacity:	Name and Address: Annette Maskal 1702 Nevins Road	
Title or Capacity: President (Use attachments if necess 9. Attached is a certificate jurisdiction under the law	By: (Registered *gorn's since ity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn / NT 07410 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate	whave authority to manage is/are: Title or Capacity: Treasurer Treasurer	Name and Address: Annette Maskal 1702 Nevins Road Fair Lawn, NJ 07410 ving custody of records in the	he
Title or Capacity: President (Use attachments if necessing succession of the translator must be succession.)	By: (Registered *gorn's since ity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn (NT 07410) sary) of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)	whave authority to manage is/are: Title or Capacity: Treasurer Treasurer uly authenticated by the official hais in a foreign language, a translati	Name and Address: Annette Maskal 1702 Nevins Road Fair Lawn, NJ 07410 ving custody of records in the on of the certificate under or	he
Title or Capacity: President (Use attachments if necessing statements and certificate jurisdiction under the law of the translator must be suited. This document is executed.	By: (Registered *gorn's since ity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn / NT 07410 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate	Whave authority to manage is/are: Title or Capacity: Treasurer Little or Capacity: Treasurer Little or Capacity: Little or Capaci	Name and Address: Annette Maskal 1702 Nevins Road Fair Lawn, NJ 07410 ving custody of records in toon of the certificate under one that any false information	he
Title or Capacity: President (Use attachments if necessing statements and certificate jurisdiction under the law of the translator must be suited. This document is executed.	Acity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn NT 07410 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) uted in accordance with section 605,0203 the Department of State constitutes a third.	Whave authority to manage is/are: Title or Capacity: Treasurer uly authenticated by the official ha is in a foreign language, a translati (1) (b), Florida Statutes. I am awared degree felony as provided for in s	Name and Address: Annette Maskal 1702 Nevins Road Fair Lawn, NJ 07410 ving custody of records in toon of the certificate under one that any false information	he
Title or Capacity: President (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is executed.	Acity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn NT 07410 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) uted in accordance with section 605,0203 the Department of State constitutes a third.	Whave authority to manage is/are: Title or Capacity: Treasurer Little or Capacity: Treasurer Little or Capacity: Little or Capaci	Name and Address: Annette Maskal 1702 Nevins Road Fair Lawn, NJ 07410 ving custody of records in toon of the certificate under one that any false information	he
Title or Capacity: President (Use attachments if necessing statements and certificate jurisdiction under the law of the translator must be suited. This document is executed.	Acity and address of the person(s) who has Name and Address: Johan Israelsson 1702 Nevins Road Fair Lawn NT 07410 sary) of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) uted in accordance with section 605,0203 the Department of State constitutes a third.	Whave authority to manage is/are: Title or Capacity: Treasurer uly authenticated by the official ha is in a foreign language, a translati (1) (b), Florida Statutes. I am awared degree felony as provided for in s	Name and Address: Annette Maskal 1702 Nevins Road Fair Lawn, NJ 07410 ving custody of records in toon of the certificate under one that any false information	he

<u>`.</u>∆. •

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HYPERION MATERIALS & TECHNOLOGIES USA,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYPERION

MATERIALS & TECHNOLOGIES USA, LLC" WAS FORMED ON THE THIRTIETH DAY

OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202224590

Date: 02-27-18

6734040 8300 SR# 20181473470