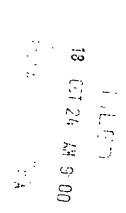
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	-iling Officer:	

Office Use Only



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16 OCT 24 PH 1:49

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCO	OUNT NO.	: 120	0000001	95			
	RE	EFERENCE	: 457	A				
	AUTHOF	RIZATION	ر ب	Aprella	leman	ノ		
	COS	ST LIMIT	: \$ 1	25.00				
ORDER DATE	: October	24, 2018						
ORDER TIME	: 12:39 PM	1						
ORDER NO.	: 457361-0	25						
CUSTOMER NO	0: 79968	360						
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	FOREIGN FILINGS							
NAMI	E: SIKA	FIBERS, L	LC					
XXXX QUAL:	IFICATION	(TYPE: LL))					
PLEASE RETU	URN THE FOLL	OWING AS 1	PROOF	OF FILI	NG:			
	RTIFIED COPY							
	AIN STAMPED RTIFICATE OF		NDING					

EXAMINER: ___

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sika Fibers, LLC				
(Name of For	eign Limited Liabilit	y Company; must include "Lin	nited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter a	Itemste name adonte	d for the number of transacting	g business in Florida. The alternate na	me must include "Limited
Liability Company," "L.I_C				
2.DE		3. 83-2	178660	
(Jurisdiction under the law company is organized)	of which foreign lin	nited liability	(FEI number, if applicable	:)
4	(Data fort	ransacted business in Florida,	if prior to registration)	.
	(See sections	605.0904 & 605.0905, F.S. to	determine penalty liability)	
5. 201 Polito Ave				_
Lyndhurst, NJ, 07071				- <u>-</u>
	(Št	reet Address of Principal Office	(2)	. 5.7
6. 201 Polito Ave				_ ::
Lyndhurst, NJ, 07071				2 7
		(Mailing Address)		
7. Name and street address	ss of Florida regist	cred agent: (P.O. Box NO	Tacceptable)	主に
Name:	Corporation Ser	vice Company		O
Office Address:	1201 Hays Stree	t		9 9
	Tallahassee		32301	
		(City)	, Florida 32301 (Zip code)	_
Registered agent's accep		,	Carlot Area Area Contract Carlo	184
Having been named as re designated in this applica	egistered agent un- ition, I hereby acc	a to accept service of proce ept the appointment as reg	ss for the above stated limited liab istered agent and agree to act in th	his capacity. I further agree
to complywith the provisi	ons of all statutes	relative to the proper and	complete performance of my dutie	s, and I am familiar with an
accept the obligations of	Corporation Se	rvice Company		Roxanne Turner
	By: CU	(Registered agent's s		_ Asst. Vice Presiden
	1	(Kegistered agent's s	ignature)	
8. The name, title or cap:	acity and address o	of the person(s) who has/hav	ve authority to manage is/are:	
See attached	<u> </u>			
				
				
9. Attached is a certificate	of existence, no n	nore than 90 days old, duly	authenticated by the official having	custody of records in the
of the translator must be s		nized. (If the portineate is i	n a foreign language, a translation of	of the certificate under oath
		. /		
	-/3	Signature of an anithori:	zed person	- -
This document is assessed	d in accordance with	, ,	Florida Statutes. I am aware that as	w false information
			egree felony as provided for in s.81	
	Gail Pacifico, M	anager		

Typed or printed name of signee

Sika Fibers, LLC

Name: Gail Pacifico

Title: Manager

Business Address

Street: 201 Polito Ave

City, State, Zip: Lyndhurst

NJ 07071

Name: Richard Montani

Title: Manager

Business Address

Street: 201 Polito Ave

City, State, Zip: Lyndhurst

NJ 07071

Name: Stephen Lysik

Title: Manager

Business Address

Street: 201 Polito Ave

City, State, Zip: Lyndhurst

NJ 07071

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Name: Kyle Loyd

Title: Manager

Business Address

Street: 201 Polito Ave

City, State, Zip: Lyndhurst NJ 07071

Sika F	ibers, LLC							
Name:	Douglas W	hite					•	
Title:	Manager							
Business Address								
Street:	201 Polito	Ave						
City, State, Zip:	Lyndhurst				NJ	07071		
				·				
».								
Name:								
Title:								
Business Address								
Street:							:	ं
City, State, Zip:							•	ء السين م السين
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City, State, Zip:								
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Name:								
Title:								
Business Address								
Street:								
City, State, Zip:								



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

DELAWARE, DO HEREBY CERTIFY "SIKA FIBERS, 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-FOURTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIKA FIBERS, LLC" WAS FORMED ON THE TENTH DAY OF OCTOBER, A.D. 2018.

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

Authentication: 203671931

Date: 10-24-18