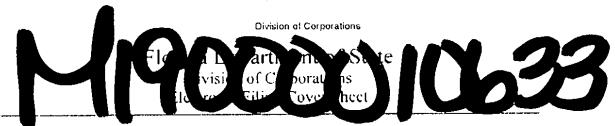
11/1/2019



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Foreign Limited Liability Company **Tybot LLC**

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HEIRGLASS

NOV 0 4 2019

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

TybouLLC	SINESS IN THE STATE OF FLORIDA:		
(Name of Foreign	Limited Liability Company; must include "Limited	Tambility Company, ""L.L.C." or "LLC")	
Rebar Robot, LLC			
(15 næne unex alablo, enter alternate s	ume edopted for the purpose of transacting histories in Flori	du. The alternate name quast include "Limited Liability Compet	sy," hUELC," or "UEC,")
Delaware		30-1007029	
the indiction under the law of w	such foreign limited liability company is organized)	3. (FF.: number, if appiers	Die)
4	(Date first transacted business in Florids, if prior to a (See sections 695,0904 & 605 0905, F.S. to determine	girinika)	
3812 William Flinn H	wy., 3H Principal Office)	3812 William Flinn Hwy., 3H 6. (Moning Address)	- No
(Struct Address of	Principal Office)	(Stining Address)	. 019
Allison Park, PA 15101		Allison Park, PA 15101	7019 KGI/
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	PH 5: 00
Name;	CT Corporation		
Office Address;	1200 South Pine Island Road		
	Plantation	, Florida (Zip code)	
	(Cuy)	(Zip code)	
designated in this applicato comply with the provisi	gistered agent and to accept service of patient. I hereby accept the appointment as	rocess for the above stated limited liability registered agent and agree to act in this coand complete performance of my duties, at	apacity. I further agree —
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Rose Song, Assistant Secret	lary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity:	Name and Address:		Title or Capacity	<u>:</u>	Name and A	Address:
Manager	Name: Stephen M Muck		Manager	Name:		
☐Member	Address: 1000 John Roebling Way		Member	Address:		
Authorized	Saxonburg, PA 16056		Authorized			
Person			Person			
Other	Other		Other		Other	
☐Manager	Name: Jeremy Searock		Manager	Name:		
Member	Address: 3812 William Flinn Hwy., 3H		Member	Address:		
Authorized	Allison Park, PA 15101		Authorized		······································	
Person			Person		· ·	
Other	Other		[]Other		[]Other	NO - 1
Manager	Nune: Michael K Bechtold		Милауст	Namc:	· · · · · · · · · · · · · · · · · · ·	
Member	Address: 1000 John Roebling Way		Member	Address:	<u> </u>	
	Saxonburg, PA 16056	٠,	Authorized			00
Person			Person	·		
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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any 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.

Musul K. Buthelot				
Signature of an authorized porson				
Michael K. Bechtold	Authorized Person			
	Typed or presed name of signee			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TYBOT 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 THIRTY-FIRST DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203912762

Date: 10-31-19

6519397 8300 SR# 20197853068

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