

M22000011442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

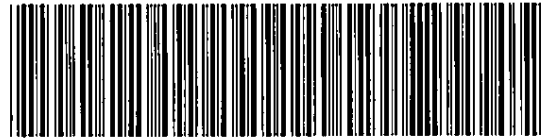
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE OF TEXAS
SECRETARY OF STATE

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APPROVED
FILED

JUL 22 2022

K. Brumley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO : Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 7/20/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1057514

ORDER ENTITY

DE NORA WATER TECHNOLOGIES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

DE NORA WATER TECHNOLOGIES LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: jeff@alliancecorpsolutions.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "W6" or similar, written over a horizontal line.

**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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. De Nora Water Technologies LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Pennsylvania 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3000 Advance Ln. 6. 3000 Advance Ln.
(Street Address of Principal Office) (Mailing Address)

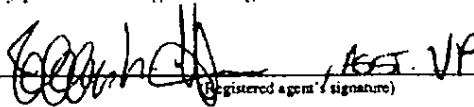
Colmar, PA 18915 Colmar, PA 18915

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Universal Registered Agents, Inc.
Office Address: 1317 California Street
Tallahassee, Florida 32304
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 signature) VP

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APPROVED
AND
FILED

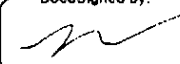
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mirka Wilderer</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Paolo Dellacha</u>
<input type="checkbox"/> Member	Address: <u>3000 Advance Ln.</u>	<input type="checkbox"/> Member	Address: <u>3000 Advance Ln.</u>
<input type="checkbox"/> Authorized	<u>Colmar, PA 18915</u>	<input type="checkbox"/> Authorized	<u>Colmar, PA 18915</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input checked="" type="checkbox"/> Manager	 Name: <u>Matteo Lodrini</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Daryl Weatherup</u>
<input type="checkbox"/> Member	Address: <u>3000 Advance Ln.</u>	<input type="checkbox"/> Member	Address: <u>3000 Advance Ln.</u>
<input type="checkbox"/> Authorized	<u>Colmar, PA 18915</u>	<input type="checkbox"/> Authorized	<u>Colmar, PA 18915</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input checked="" type="checkbox"/> Manager	 Name: <u>Carlos Prado</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Cecile Cuscela</u>
<input type="checkbox"/> Member	Address: <u>3000 Advance Ln.</u>	<input type="checkbox"/> Member	Address: <u>3000 Advance Ln.</u>
<input type="checkbox"/> Authorized	<u>Colmar, PA 18915</u>	<input type="checkbox"/> Authorized	<u>Colmar, PA 18915</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

DocuSigned by:

 029F99E2C6A242J

Signature of an authorized person

Brent Shelley

Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/19/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

De Nora Water Technologies LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220719162138-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>