

8/17/22, 5:23 PM

Division of Corporations

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Florida Department of State
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
Schroth Safety Products, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

AUG 18 2022

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. Schroth Safety Products, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC."

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

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

5. 3520 NW 35th Ave.
(Street Address of Principal Office)
Fort Lauderdale, FL 33309

6. 3520 NW 35th Ave.
(Mailing Address)
Fort Lauderdale, FL 33309

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

Name: C.T Corporation System

Office Address: 1200 South Pine Island

Plantation, Florida 33324
(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.

Stephanie Henry

(Registered agent's signature)

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 type="checkbox"/> Manager	Name: <u>Transdigm Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Dirkson Charles</u>
<input checked="" type="checkbox"/> Member	Address: <u>3520 NW 35th Ave.</u>	<input type="checkbox"/> Member	Address: <u>3520 NW 35th Ave.</u>
<input type="checkbox"/> Authorized Person	<u>Fort Lauderdale, FL 33309</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Fort Lauderdale, FL 33309</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Pres. & CEO</u>	<input type="checkbox"/> Other _____

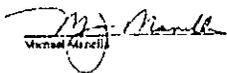
<input type="checkbox"/> Manager	Name: <u>Glenn D'Alessandro</u>	<input type="checkbox"/> Manager	Name: <u>Michael Manella</u>
<input type="checkbox"/> Member	Address: <u>3520 NW 35th Ave.</u>	<input type="checkbox"/> Member	Address: <u>3520 NW 35th Ave.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Fort Lauderdale, FL 33309</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Fort Lauderdale, FL 33309</u>
<input checked="" type="checkbox"/> Other <u>Treas. & CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



 Signature of an authorized person

Michael Manella, an authorized person

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCHROTH SAFETY PRODUCTS 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 SEVENTEENTH DAY OF AUGUST, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

6248336 8300

SR# 20223287154

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

Authentication: 204183324

Date: 08-17-22