

11/28/22, 5:29 PM

Division of Corporations

## Florida Department of State

**M220004006323**Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
3D International LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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NOV 30 2022  
K. Brumley

# 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. 3D International 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. \_\_\_\_\_  
(FBI 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. 20724 Centre Pointe Parkway, Unit #1  
(Street Address of Principal Office)

6. 20724 Centre Pointe Parkway, Unit #1  
(Mailing Address)

Santa Clarita, California 91350

Santa Clarita, California 91350

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

Name: C T Corporation System

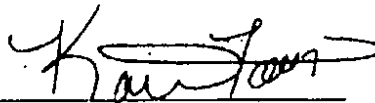
Office Address: 1209 South Pine Island Road

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.

By C T Corporation System  
Kaitly Toon, Asst Sec  
(Registered agent's signature)



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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>Peter Taft</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Constantine P. Elefter</u>
<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>	<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>
<input type="checkbox"/> Authorized	<u>Suite 2500</u>	<input type="checkbox"/> Authorized	<u>Suite 2500</u>
Person	<u>Cleveland, Ohio 44114</u>	Person	<u>Cleveland, Ohio 44114</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Nathan Iverson</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Tim Knight</u>
<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>	<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>
<input type="checkbox"/> Authorized	<u>Suite 2500</u>	<input type="checkbox"/> Authorized	<u>Suite 2500</u>
Person	<u>Cleveland, Ohio 44114</u>	Person	<u>Cleveland, Ohio 44114</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Paul Kindziarski</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Tuncer Goren</u>
<input type="checkbox"/> Member	Address: <u>600 Superior Avenue East</u>	<input type="checkbox"/> Member	Address: <u>20724 Centre Pointe Parkway</u>
<input type="checkbox"/> Authorized	<u>Suite 2500</u>	<input type="checkbox"/> Authorized	<u>Unit #1</u>
Person	<u>Cleveland, Ohio 44114</u>	Person	<u>Santa Clarita, California 91350</u>
<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.

Constantine P. Elefter  
Signature of an authorized person

Constantine P. Elefter

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 "3D INTERNATIONAL 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-EIGHTH DAY OF NOVEMBER, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State

7060548 8300

SR# 20224114019

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204947639

Date: 11-28-22