

M23000000950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

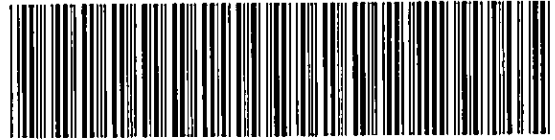
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2023 JAN 24 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED  
2023 JAN 24 AM 11:57  
JAN 25 2023

K. Brumby



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/24/2023

Name: Janelle Davis

Reference #: 1888271

Entity Name: VOESTALPINE HIGH PERFORMANCE METALS LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: Janelle Davis

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Voestalpine High Performance Metals LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Chambers at ( 630 ) 883-3000  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Voestalpine High Performance Metals 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 3. 13-1420260  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 12, 2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2505 Millennium Drive 6. 2505 Millennium Drive  
(Street Address of Principal Office) (Mailing Address)

Elgin, IL 60124 Elgin, IL 60124

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.*

/s/ Eric Hood  
(Registered agent's signature)

APPROVED  
FILED

2023 JAN 24 PM 11:57

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>Reinhard Nöbauer</u>	<input type="checkbox"/> Manager	Name: <u>Marco Siscaro, President</u>
<input checked="" type="checkbox"/> Member	Address: <u>Donau City Strasse 7</u>	<input type="checkbox"/> Member	Address: <u>2505 Millennium Drive</u>
<input type="checkbox"/> Authorized	<u>Vienna, 1220 AUSTRIA</u>	<input checked="" type="checkbox"/> Authorized	<u>Elgin, IL 60124</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Paul Cavanagh</u>	<input type="checkbox"/> Manager	Name: <u>Robert Bauer</u>
<input checked="" type="checkbox"/> Member	Address: <u>2505 Millennium Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>Mariazellerstrasse 25</u>
<input type="checkbox"/> Authorized	<u>Elgin, IL 60124</u>	<input type="checkbox"/> Authorized	<u>Kapfenberg, 8605 AUSTRIA</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Markus Potzinger</u>	<input type="checkbox"/> Manager	Name: <u>Steve Lawler, Corp Secry</u>
<input checked="" type="checkbox"/> Member	Address: <u>Donau City Strasse 7</u>	<input type="checkbox"/> Member	Address: <u>2505 Millennium Drive</u>
<input type="checkbox"/> Authorized	<u>Vienna, 1220 AUSTRIA</u>	<input checked="" type="checkbox"/> Authorized	<u>Elgin, IL 60124</u>
Person	_____	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

Steve Lawler

Typed or printed name of signer

Title or Capacity:

Name and Address:

☐ Manager Name: Michael Rotpart  
☒ Member Address: Mariazellerstrasse 25  
☐ Authorized Kapfenberg, 8605 AUSTRIA  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

☐ Manager Name: Sabine Kelmayr-Tippow  
☒ Member Address: Donau City Strasse 7  
☐ Authorized Vienna, 1220 AUSTRIA  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

Title or Capacity:

Name and Address:

☐ Manager Name: Gerhard Gerstmayr  
☒ Member Address: Waidhofnerstrasse 3  
☐ Authorized Bohlerwerk, 3333 AUSTRIA  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ | ☐ Other \_\_\_\_\_

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	VOESTALPINE HIGH PERFORMANCE METALS LLC
DOS ID Number:	6355059
Entity Type:	FOREIGN LIMITED LIABILITY COMPANY
Entity Status:	AUTHORIZED
Date of Initial Filing with DOS:	12/21/2021
Statement Status:	CURRENT
Statement Due Date:	12/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on January 24, 2023 at 12:21 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State