

Florida Department of State

M23 0000 15337
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BUSH ROSS, P.A.
Account Number : I19990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

****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
3G MICROFAB LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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. 3G MICROFAB 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. DELAWARE 3. 36.5085861
(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. 2-90 SNOW BLVD. 6. 2-90 SNOW BLVD.
(Street Address of Principal Office) (Mailing Address)

VAUGHAN, ONTARIO L4K 4A2 VAUGHAN, ONTARIO L4K 4A2

CANADA CANADA

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

Name: BUSH ROSS REGISTERED AGENT SERVICES, LLC

Office Address: 1801 N. HIGHLAND AVE.

TAMPA, Florida 33602
(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.

BUSH ROSS REGISTERED AGENT SERVICES, LLC

BY: John N. Giordano
JOHN N. GIORDANO, VP OF REG. AGENT (Registered agent's signature)

FILED
2023 DEC -5 PM 7:20
TAMPA, FLORIDA

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:

☒ Manager

Name: MANUEL GOMEZ

Member

Address: 2-90 SNOW BLVD.

☐ Authorized

VAUGHAN, ONTARIO L4K 4A2

Person

CANADA

☒ Other

DIRECTOR

☒ Other

PRESIDENT

Title or Capacity:

Name and Address:

☒ Manager

Name: RAFAEL GOMEZ

☐ Member

Address: 2-90 SNOW BLVD.

☐ Authorized

VAUGHAN, ONTARIO L4K 4A2

Person

CANADA

☒ Other

DIRECTOR

☒ Other

SECRETARY
AND VP

☒ Manager

Name: MAZEN SHEHAIBER

☐ Member

Address: 2-90 SNOW BLVD.

☐ Authorized

VAUGHAN, ONTARIO L4K 4A2

Person

CANADA

☒ Other

DIRECTOR

☒ Other

TREASURER
AND VP

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other _____

☐ Other _____

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person


☐ 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.


Manuel Gomez (Dec 5, 2023 13:37 EST)

Signature of an authorized person

BY: MANUEL GOMEZ, MANAGER

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "3G MICROFAB 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-SEVENTH DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3G MICROFAB LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2023.

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



2390526 8300

SR# 20234059469

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204664390

Date: 11-27-23