

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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2023 SEP 13 P 12: 54

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:								
SPX Technologies, Inc.								
2. It is incorporated under the laws of: Delaware								
3. The name, if different, which it elects to use in Rhode Island is:								
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:								
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:								
4. The date of its incorporation is: 08/01/2022								
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)								
Date certain for dissolution								
5. The address of its principal office is:								
6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277								
6. The name and address of the initial registered agent/office in Rhode Island:								
Agent Name C T Corporation System								
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A								
City/Town East Providence State RHODE ISLAND Zip Code 02914								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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and measurement						
8. (a) The names and restate or country of which		tors (optional, unless di	rectors are required under the laws of the			
NAME		A	ADDRESS			
Gene Lowe	6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277					
Patrick J. O'Leary	6325 Ardrey Ke	6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277				
David A. Roberts	6325 Ardrey Ke	6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277				
Rick D. Puckett	6325 Ardrey Ke	5 Ardrey Kell Road, Ste 400, Charlotte, NC 28277				
			Check the box to indicate an attachment			
	espective addresses of its princ of which it is incorporated):	cipal officers (mandatory	if directors are not required under the laws			
OFFICE	NAME		ADDRESS			
PRESIDENT	Gene Lowe	6325 Ardrey Kel	6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277			
VICE PRESIDENT	John Nurkin	6325 Ardrey Kel	6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277			
TREASURER	Mark Carano	6325 Ardrey Kel	6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277			
SECRETARY	John Nurkin	6325 Ardrey Ke	6325 Ardrey Kell Road, Ste 400, Charlotte, NC 28277			
	<u> </u>		Check the box to indicate an attachment			
9. The aggregate numb par value, and series, if		rity to issue; itemized by	y classes, par value of shares, shares without			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE			
200,000,000 Commof	COMMON	· ·	0.01			
			<u> </u>			
located within this state	ercentage, of the proportion the during the following year bears rever located. (Note: Percentage	s to the value of all prop	of the property of the corporation to be serty of the corporation to be owned during seet.)			
0 %						
at or from places of bus	percentage, of the proportion o siness in Rhode Island during the pration during the following year	ne following year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be			

12. This application must be accompanied by formation dated within 60 days of the date of		d Standing/Letter of	Ştatı	us from the state or country of			
13. Date when the Certificate of Authority will t	pe effective: CHECK	ONE BOX ONLY					
X Date received (Upon filing)							
Later effective date (Date must be no more than 90 days from the date of filing)							
14. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.							
Type or Print Name of Authorized Officer				Date			
John Nurkin	<i>;</i>	N 3 77 N 3 77 N 3 7 27 7	:	08/24/2023			
Signature of Authorized Officer of the Corporation	: '		:				

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPX TECHNOLOGIES, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 204069348

Date: 08-30-23