



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Corporation  
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Facultatieve Technologies The Americas, Inc.

SECTION II

It is incorporated under the laws of State: DE Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 7/10/2002

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 940 LAKE RD

City or Town: MEDINA

State: OH

Zip: 44256

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD., SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is INCORP SERVICES, INC.

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

STOVE/INCINERATOR/CREMATION MANUFACTURING

**SECTION VIII**

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JAN JOZEF MASSCHELIN	940 LAKE RD MEDINA, OH 44256 USA
TREASURER	MICHAEL HOWARD MILLER	940 LAKE RD MEDINA, OH 44256 USA
SECRETARY	NATHAN TURNER	940 LAKE RD MEDINA, OH 44256 USA
DIRECTOR	NATHAN TURNER	940 LAKE RD MEDINA, OH 44256 USA
DIRECTOR	JAN JOZEF MASSCHELIN	940 LAKE RD MEDINA, OH 44256 USA
DIRECTOR	MICHAEL HOWARD MILLER	940 LAKE RD MEDINA, OH 44256 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JAN JOZEF MASSCHELIN	940 LAKE RD MEDINA, OH 44256 USA
TREASURER	MICHAEL HOWARD MILLER	940 LAKE RD MEDINA, OH 44256 USA
SECRETARY	NATHAN TURNER	940 LAKE RD MEDINA, OH 44256 USA
DIRECTOR	NATHAN TURNER	940 LAKE RD MEDINA, OH 44256 USA
DIRECTOR	JAN JOZEF MASSCHELIN	940 LAKE RD MEDINA, OH 44256 USA
DIRECTOR	MICHAEL HOWARD MILLER	940 LAKE RD MEDINA, OH 44256 USA

**SECTION IX**

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<b>Class of Stock</b>	<b>Series of Stock</b>	<b>Par Value Per Share</b>	<b>Total Authorized Shares</b> <i>Num of Shares</i>
CWP			\$1.0000 1,000.00

**Signed this 13 Day of June, 2025 at 1:39:04 PM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By MICHAEL HOWARD MILLER  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

© 2007 - 2025 State of Rhode Island  
All Rights Reserved

# Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FACULTATIEVE TECHNOLOGIES THE AMERICAS, 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 TENTH DAY OF JUNE, A.D. 2025.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FACULTATIEVE TECHNOLOGIES THE AMERICAS, INC." WAS INCORPORATED ON THE TENTH DAY OF JULY, A.D. 2002.

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



3546227 8300

SR# 20253025868

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

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203909234

Date: 06-10-25



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

June 13, 2025 01:32 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

