(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sources Endy Name)				
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Cartificate of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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,

## Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

1 . . . . .

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/21/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1020724

ORDER ENTITY\_\_\_\_\_CM.COM US INC.

PLEASE PERFORM THE FOLLOWING SERVICES:  CM.COM US INC. (FL)			
File the attached foreign qualification document			
NOTES:	TALL AH		11
\$70.00 Authorized Email address for annual report reminders: COSEC@TMF-GROUP.COM	SSEE, FU	21 AH	
RETURN/FORWARDING INSTRUCTIONS:  ACCOUNT NUMBER: I20050000052	PROD.	9: 22	<u> </u>

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, March 21, 2022 Page 1 of 1

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	1. CM.COM US Inc.					_
			ation; must include "INCORPORATED." " "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
	(If name unavai	lable i	n Florida, enter alternate corporate name ado	pted for the purpose of transacting l	ousiness in Florida)	-
2.	DELAWARE		3 38	-4135903		
		ry und	er the law of which it is incorporated)	(FEI number, if appli	icable)	-
4.	12/04/2019	_	5.			
	(Dat	e of in	corporation) 5	(Date of duration, if other tha	n perpetual)	
6.						_
			(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502)		)	
7.	KONUNENBER	RG 30 B	REDA, NOORD-BRABANT, BD 4825 NETHERLAN	<del></del>		_
			(Principal office	street address)		
	KONIJNENBEI	RG 30 B	REDA, NOORD-BRABANT, BD 4825 NETHERLAN			
			(Current mailing a	ddress, if different)	1022 SEC	
8.	Name and stre	et add	Iress of Florida registered agent: (P.O. E	ox <u>NOT</u> acceptable)	2022 MAR 2 SECRETUR FALL AHASS	
	Name:	UI	NIVERSAL REGISTERED AGENTS, INC.		2 SE	
o	ffice Address:	13	17 CALIFORNIA STREET	_	AH 9: DF STA E. FLOR	
		TA	ALLAHASSEE	, Florida <u>32304</u>	: 22 ATE RID	
			(City)	(Zip code)	٠.٠	
H de fu	esignated in thi orther agree to	ned as s appl compl	acceptance: s registered agent and to accept service of ication, I hereby accept the appointment y with the provisions of all statutes related and accept the obligations of my positions.	t as registered agent and agree tive to the proper and complete	to act in this capa	city. I
		Ву:	/s/ Stan Huser			
	-		(Registered agent's signa	iture)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### A. DIRECTORS

Chairman	Name: JEROEN VAN GLABBEEK	□Chairman	Name:
□Vice Chairman	Address: KONUNENBERG 30 BREDA.	□Vice Chairman	Address: KONIJNENBERG 30 BREDA.
Director	NOORD-BRABANT, BD 4825 NETHERLANDS	□Director	NOORD-BRABANT, BD 4825 NETHERLANDS
<b>■</b> President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	<b>■</b> Treasurer
□Other		□Other	Other
□Chairman	Name: GILBERT GOOIJERS	□Chairman	Name:
□Vice Chairman	Address: KONUNENBERG 30 BREDA.	□Vice Chairman	
Director	NOORD-BRABANT, BD 4825 NETHERLANDS	□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□ Secretary	□Treasurer
Other COO	Other	□Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□ Secretary	□Treasurer
Other	Other	□Other	□Other
	Use an attachment to report more than six (6). The an added to the index when filing your Florida Department of Directors and the signature of Directors.	tment of State Annual Re	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. JEROEN VAN GLABBEEK, PRESIDENT



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

DELAWARE, DO HEREBY CERTIFY "CM.COM US 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 TWENTY-FIRST DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CM.COM US INC."

WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2019.

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

Authentication: 202962104

Date: 03-21-22