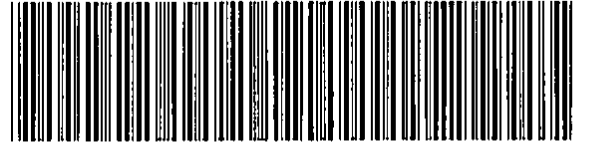


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEC 28 2022

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FOREIGN INC \_\_\_\_\_

1. **BLAFUGL EHF., INC.**  
\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blafugl ehf, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Martin T. Schrier, Esq.

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

Cozen O'Connor

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

200 S Biscayne Blvd., Suite 3000

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip code

mromero@cozen.com

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

For further information concerning this matter, please call:

Marsha Romero

at ( 786 ) 871-3924

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Blafugl ehf., Inc.  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Iceland 3. 98-1552406  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 30, 1999 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. December 27, 2022  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Urdarhvarf 6, 203 Kopavogur, Iceland  
 (Principal office street address)

Urdarhvarf 6, 203 Kopavogur, Iceland  
 (Current mailing address, if different)

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

Name: Martin T. Schrier, Esq.

Office Address: 200 S. Biscayne Blvd., Suite 3000

Miami, Florida 33131  
 (City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*



(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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 ALTAIR SYSTEMS, INC.

**A. DIRECTORS**

Chairman Name: Audrone Keinyte  
 Vice Chairman Address: Urdarhvarf 6  
 Director 203 Kopavogur, Iceland  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other CEO  Other \_\_\_\_\_

Chairman Name: Sveinn Zoega  
 Vice Chairman Address: Urdarhvarf 6  
 Director 203 Kopavogur, Iceland  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other Commercial Direc  Other \_\_\_\_\_

Chairman Name: Jūratė Radvilavičiūtė  
 Vice Chairman Address: Urdarhvarf 6  
 Director 203 Kopavogur, Iceland  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other Head of Legal  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

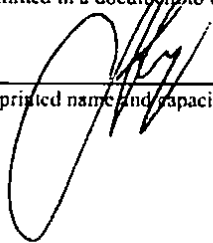
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**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.

12. \_\_\_\_\_  
 Signature of Director or Officer

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. Audrone Keinyte, CEO  
 (Typed or printed name and capacity of person signing application)



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Skatturinn

- Register of Enterprises -

Tryggvagötu 19, 101 Reykjavík, Iceland - Tel: +354 442-1250

## Certificate of Registration

**Bláfugl ehf.** (Bluebird Ltd)  
Postal Address: Urðarhvarf 6  
203 Kópavogur

ID-nr: 460899-2229

Domicile: Urðarhvarf 6  
203 Kópavogur

Issued: 9.12.2022

Date of Articles of Association: 22.9.2020

Company's Board of Directors according to a meeting on: 4.4.2022:

040979-3529 Audroné Keinyté, Litháen, *Director*  
231278-4279 Gabor Sandor Tiba, Ótílgreindu, 200 Kópavogur, *Reserve Director*

Management:

040979-3529 Audroné Keinyté, Litháen

Power of Procuration:

Auditors:

590975-0449 KPMG ehf., Borgartúni 27, 105 Reykjavík

Share capital: USD 2.875.273

Signatures: Director

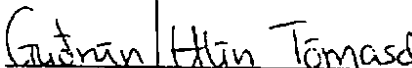
Restrictions on the handling of shares: Yes

Liability for redemption of shares: No

Activity code:

51.21.0 Freight air transport

Form of operation: Private limited company

  
Guðrún Hlín Tómasdóttir



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