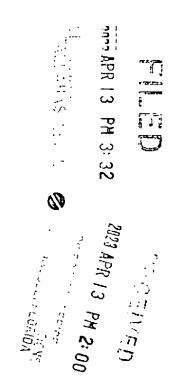
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Pascal, Inc.				
		Name	of corporatio	n - must include suffix		
Dear S	Sir or M	adam:				
"Certif	ficate of		of Good Sta	Authorization to Transact Ending" and cheek are submitess in Florida.		
Please	return :	all correspondence concern	ing this matte	er to the following:		
Julie A	. Taylor					
			Name of	Person	<u> </u>	
c/o Fre	drikson	& Byron, P.A.				
			Firm/Cor	npany		
200 S.	6th St.,	Suite 4000				
			Addı	ress		
Minne	apolis, N	4N 55402				
			City/State	and Zip code		
ame@p	pascal-a	udio.com				
		E-mail address	s: (to be used	for future annual report noti	fication)	
For fur	rther int	formation concerning this n	natter, please	call:		
Julie Taylor		at (612	492-7716			
	Name	e of Person	Area Coo	de Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please i	ed is a make ch),00 Fili	check for the following ame eck payable to: FLORIDA D ng Fee	EPARTMEN g Fee & - (☐ \$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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Blaze Audio, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3. 87-1249551 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1094 Fairfax Road, Suite B, Greensboro, NC 27407 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. C T CORPORATION SYSTEM

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.

DocuSign Envelope ID: D7C68988-4F86-4ABD-957F-6001629CE343 A. DIRECTORS Jan Gustaf Høskuldsson Name: ____ □Chairman . □ Chairman Ellekaer 6 Herley 2730, Denmark Address: ____ Address: □Vice Chairman ☐ Vice Chairman Director □ Director President President ☐ Vice President ☐ Vice President □Treasurer ☐ Treasurer □ Secretary □ Secretary ■Other <u>CEO</u> □Other _____ □Other _____ □Other _____ Name: Allan Meng □ Chairman Name: ______ □ Chairman Ellekaer 6 Herlev 2730, DK Address: □Vice Chairman □ Vice Chairman Address: _____ □ Director Director □ President □ President □Vice President _____ □ Vice President **■** Secretary Treasurer ☐ Secretary □ Treasurer ■Other ___ □Other _____ Other____ ☐Other _____ □ Chairman □Chairman Name: _____ Name: □Vice Chairman Address: ______ □Vice Chairman Address: □ Director □Director □ President □President □ Vice President ___ □Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other _____ ☐ 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 hidex when filing your Florida Department of State Annual Report form. Allan Menz -BCDE410B11234A8 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. Allan Meng, CFO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PASCAL, 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-THIRD DAY OF MARCH, 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 SAID "PASCAL, INC."

WAS INCORPORATED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2021.

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

Authentication: 202985843

Date: 03-23-23

5865575 8300 SR# 20231112466