

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Account Name : JORGE L. GURIAN P.A.

Account Number : I20010000123 Phone : (305)279~4101 Fax Number : (305)279-1489

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FOREIGN PROFIT/NONPROFIT CORPORATION BALTIC CONTROL NORTH AMERICA, INC.

Certificate of Status	1
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COVER LETTER					
TO: New Filing Section Division of Corporations					
SUBJECT: Baltic Control North America, 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:					
James A. Cueva, Esq.					
Name of Person.					
c/o Mintzer Sarowitz Zeris Ledva & Meyers, LLP					
rine Company — — — — — — — — — — — — — — — — — — —					
1000 N.W. 57 CT, Suite 300					
Address Miami Fl 33126					
Mildrin, 7 L 33120					
jamescueva@gmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
James A. Cueva at (305) 774-9966					
Name of Person Area Code & Daytime Telephone Number					
·					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy					

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WILTH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Baltic Control North America, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ino," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 3. 36-4735400 (State or country under the law of which it is incorporated) (FEI number, if applicable). 4, June 4, 2012 5. Perpetual (Date of incorporation) (Duration: Year corp. will coase to exist or "perpetual") 6. Not applicable as the business has not yet commenced operations in Florida. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7,424 Lakeside Circle Sunrise, FL 33326 (Principal office address) Same as above. (Current mailing address) 8. Any and all lawful business. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Ó S 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) James A. Cueva, Esq. Name: 1000 NW 57 CT, Ste. 300 Office Address: , Florida 33126 (Zip code) Miami (City)

10. 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)

11. 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.

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12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Martin Enstrom Pedersen	
Address: c/o Baltic Control North America, Inc.	
424 Lakeside Circle, Sunrise, FL	
Vice Chairman: Karina Engstrom Nielsen	
Address: c/o Baltic Control North America, Inc.	
424 Lakeside Circle, Sunrise, FL	
Director:	
Address:	
Director:	
Address:	75
Distriction of the second of t	C PARTY
B. OFFICERS	Garage sector
President:	
Address:	
NAT O	The state of the s
Vice President: Osvaldo Valdes	,
Address: c/o Baltic Control North America, Inc.	-
424 Lakeside Circle, Sunrise, FL	1
Segratory: Osvaldo Valdes	-
Address: c/o Baltic Control North America, Inc.	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or direct and/or	ibis.
Signature of Director or Officer	
The officer of director signing this document (and who is listed in number 12 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of State	e constitutes a
third degree felony as provided for in a.817.155, F.S.	
14. Osvaldo Valdes Vice Hesichent and Secretary	

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "BALTIC CONTROL NORTH AMERICA, 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-SIXTH DAY OF JULY, A.D. 2012.

SEURE FARY OF STATE TALLAHASSEE, FLORIDA

5165277 8300

120877343

You may verify this certificate online

#120001967493

Jeffrey W. Bullock, Secretary of State

DATE: 07-26-12