

F13000004176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

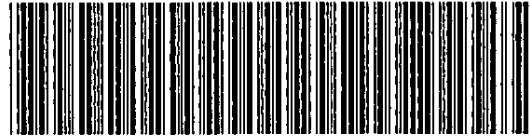
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800251822808

09/26/13--01011--001 \*\*0.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 SEP 26 PM 2:25

1/4

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Coaching 4 Performance AB, 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:

Renea M. Glendinning, CPA

Name of Person

Kerkering, Barberio & Co.

Firm/Company

1990 Main Street, Ste 801

Address

Sarasota, FL 34236

City/State and Zip code

rglendinning@kbgrp.com

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

For further information concerning this matter, please call:

Renea M. Glendinning, CPA at (941) 365-4617

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 & 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. **Coaching 4 Performance AB, 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. **Sweden**

(State or country under the law of which it is incorporated)

3. **98-1126670**

(FEI number, if applicable)

4. **June 21, 2012**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **May 28, 2013**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **Alviksvagen 243, 16765 Bromma Sweden**

(Principal office address)

**Alviksvagen 243, 16765 Bromma Sweden**

(Current mailing address)

8. **Real estate rental**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name:

**Renea M. Glendinning, CPA**

Office Address:

**1990 Main Street, Ste 801**

**Sarasota**

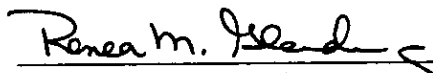
(City)

**34236**

(Zip code)

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 SEP 26 PM 2:25

12. Names and business addresses of officers and/or directors:

2013 SEP 26 PM 2: 25

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Ulf Johnsson

Address: Vikingavagen 5

SE-133 33 Saltsjobaden, Sweden

Director: Lennart Eklund

Address: Sankt Martins Vag 5

SE-171 64 Solna, Sweden

**B. OFFICERS**

President: Per Cedergren

Address: Alviksvagen 243

16765 Bromma, Sweden

Vice President: Karin Morner Cedergren

Address: Alviksvagen 243

16765 Bromma, Sweden

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Karin Morner Cedergren, Partner

(Typed or printed name and capacity of person signing application)

Norra regionen  
Peter Vesterberg  
010-574 58 17

# CERTIFICATE

Datum/Date

2013-09-05

Diarienummer/Ref.no.

470 532351-13/5323

Namn och adress/Name and address

PC Coaching 4 Performance Aktiebolag  
c/o KARIN MÖRNER CEDERGREN  
STUREPLAN 4C, 4TR  
114 35 STOCKHOLM

Person-/Reg.nummer/Civic reg-/Org.no.	Kommun/Municipality
556896-5775	STOCKHOLM
Församling/Community	Tidsperiod/Period
-----	20130101-20131231


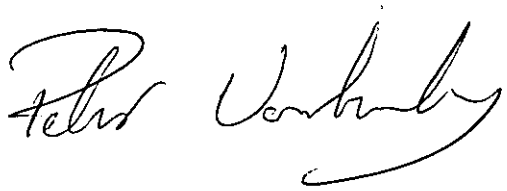
Härmed intygas att den skattskyldige - enligt de uppgifter som Skatteverket känner till - är obegränsat skattskyldig enligt reglerna för personer bosatta/registrerade i Sverige och har hemvist i Sverige enligt nedan angiven bestämmelse i skatteavtalet mellan Sverige och landet i fråga.

This is to certify that the taxpayer - in accordance with the information known to the authority at the date of issue - is resident and fully liable to tax in Sweden and is a resident of Sweden according to the article and paragraph in the Tax Convention between Sweden and the country in question.

Land/Country
Amerikas Förenta Stater/United States of America
Artikel och punkt i skatteavtalet/Article and paragraph in the Tax Convention
Artikel 4, punkt 1./Article 4, paragraph 1.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 2013 SEP 26 PM 2:25

Skatteverkets anteckningar/Signature by the tax authority

Stämpel/Stamp	Underskrift/Signature
	

SKV 4425 LA utgåva 5 04-01

Skattekontoret Östersund

Postadress  
831 87 ÖSTERSUND

Besöksadress  
Köpmangatan 18  
831 30 ÖSTERSUND

Telefon  
0771-567 567

[www.skatteverket.se](http://www.skatteverket.se)

E-postadress  
norrlan@skatteverket.se