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Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: PS of Sweden Incorporated	
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
	n for Authorization to Transact Business in Florida," I Standing" and check are submitted to register the susiness in Florida.
Please return all correspondence concerning this n	natter to the following:
Kelly May	
Nam	ne of Person
Law Offices A.E. Gustafsson, P.C.	
Firm	/Company
55 Shuman Blvd., Suite 850	
	Address
Naperville, IL 60563	
City/St	ate and Zip code
kelly@lawgustafsson.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, pla	ease call:
Kelly May at (357-5700
	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status of 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. PS of Sweden Incorporated 1. (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) (State or country under the law of which it is incorporated) April 6, 2015 (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) April 6, 2015 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 55 Shuman Blvd., Suite 850, Naperville, IL 60563 (Principal office address) 55 Shuman Blvd., Suite 850, Naperville, IL 60563 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation , Florida (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.

By: NRAI Services, Inc.

(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. Names and business addresses of officers and/or directors;	
A. DIRECTORS	<u> </u>
Chairman:	
	- Ki
Address:	
Vice Chairman: Karin Bjärle	
Address: Runebergsgatan 44, 611 37, Nykoping Sweden.	2.0
Address: Hunebergsystam 44, 611 37, Nykoping Sweden.	<u> </u>
	120
Director: Ola Eriksson	
Address: Runebergsgatan 44, 611 37, Nykoping Sweden.	
Director;	\
Address:	
Address.	
D. ORBIGODOS	
B. OFFICERS Karin Riäria	
President: Karin Bjärle	
Address: Runebergsgatan 44, 611 37, Nykoping Sweden.	
Vice Prosident:	
Address;	
Secretary: Annette Gustafsson Guenther	
Address: 55 Shuman Blvd., Suite 850, Naperville, IL 60563	
Treasurer: Ola Eriksson	
Address: Runebergsgatan 44, 611 37, Nykoping Sweden.	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 12 above) affirms that the fa	
are true and that he or she is aware that false information submitted in a document to the Department of a third degree felony as provided for in s.817.155, F.S.	r State Constitutes
13. Karin Bjärle, President.	

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PS OF SWEDEN INCORPORATED" 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 EIGHTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PS OF SWEDEN INCORPORATED" WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

150638259

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 2360660

DATE: 05-08-15