# F15000002570

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | ısiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
| l                       |                    |           |

Office Use Only



400273745824

06/09/15--01018--013 \*\*70.00



10-12-15 1

## **COVER LETTER**

| TO: New Filing Se                                 | ection                      |                           |  |  |
|---|-----------------------------|---------------------------|--|--|
| Division of C                                     | •                           |                           |  |  |
| subject: Ake                                      | r BioMarine                 | <ul><li>Antarct</li></ul> | ic US Inc.   |  |
|   |                             |                           | n - must include suffix  |  |
| Dear Sir or Madam:                                |                             |                           |  |  |
|   | nce," or "Certificat        | e of Good Sta             | Authorization to Transa<br>nding" and check are sub<br>ess in Florida. |  |
| Please return all corre                           | spondence concert           | ning this matte           | r to the following:  |  |
| Libby A. Willi                                    | iams                        |                           |  |  |
|   |                             | Name of                   | Person   |  |
| Mundt MacG  | regor LLP                   |                           |  |  |
|   |                             | Firm/Con                  | npany  |  |
| 271 Wyatt W                                       | ay, Suite 1                 | 06                        |  |  |
|   |                             | Addr                      | ess  |  |
| Bainbridge Is                                     | land, WA                    | 98110                     |  |  |
|   |                             |                           | ind Zip code   |  |
| lwilliams@mu                                      | ndtmac.com                  |                           |  |  |
|   |                             |                           | for future annual report r   | notification)                                  |
| For further information                           | n concerning this r         | natter, please            | call:  |  |
| Libby A. Willi                                    | ams                         | at (206                   | , 624 5950   |  |
| Name of Pers                                      | on                          | Area                      | Code & Daytime Teleph  | one Number                                     |
|   |                             |                           |  |  |
| New Filing Se<br>Division of Co                   | orporations                 | SS:                       | MAILING A<br>New Filing Se<br>Division of Co                           | ction<br>orporations                           |
| Clifton Buildi<br>2661 Executiv<br>Tallahassee, F | e Center Circle             |                           | P.O. Box 6327<br>Tallahassee, F  |  |
| Enclosed is a check fo                            | r the following am          | ount:                     |  |  |
| ■ \$70.00 Filing Fee                              | S78.75 Filin<br>Certificate |                           | \$78.75 Filing Fee & Certified Copy                                    | \$87.50 Filing Fee,<br>Certificate of Status & |

### 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.

|                                 | rporation; must include "INCORPORATE<br>prp," "Inc," "Co," or "Corp.")                       | ED," "COMPANY," "CORPORATION,"                                 |
|---------------------------------|--|--|
|                                 |  |  |
| (If name unavail                | ble in Florida, enter alternate corporate nam  | me adopted for the purpose of transacting business in Florida) |
| Delaware                        |  | 3 264426500  |
| (State or country               | under the law of which it is incorporated)   | (FEI number, if applicable)                                    |
| March 4,                        | 2009   | s. Perpetual   |
|                                 | of incorporation)  | (Duration: Year corp. will cease to exist or "perpetual")      |
| May, 201                        | 5  | ,  |
| 1 10 11011                      | ore riay rare, build b, loc  | saquah, Washington 98027 🏻 🎏 🧻                                 |
|                                 | Principal office ac<br>ort Way NW, Suite D, Issac  |  |
|                                 | , ,  | iquah, Washington 98027  |
| 410 Newp                        | ort Way NW, Suite D, Issa  | address)   |
| 410 Newp                        | ort Way NW, Suite D, Issae<br>(Current mailing ac  | address)  P.O. Box NOT acceptable)                             |
| 410 Newp  Name and stree  Name: | Current mailing according of Florida registered agent: (F                                    | address)  P.O. Box NOT acceptable)                             |
| 410 Newp                        | ort Way NW, Suite D, Issae<br>(Current mailing ac<br>address of Florida registered agent: (F | address)  P.O. Box NOT acceptable)                             |

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.

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 Chairman: Matts Johansen Address: Fjordalleen 16, PO Boks 1423 Vika Oslo 0115, Norway (none) Vice Chairman: Address: Hallvard Muri Fjordalleen 16, PO Boks 1423 Vika Oslo 0115, Norway Vera Ellich Director: 410 Newport Way NW, Suite D Issaquah, Washington 98027 **B. OFFICERS** President: Matts Johansen Address: Fjordalleen 16, PO Boks 1423 Vika Oslo 0115, Norway Vice President: Hallvard Muri Address: Fjordalleen 16, PO Boks 1423 Vika Oslo 0115, Norway Secretary: Debra Huggins 410 Newport Way NW, Suite D, Issaquah, Washington 98027 Vera Ellich 410 Newport Way NW, Suite D, Issaquah, Washington 98027 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 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. Vera Ellich, Director/Treasurer (Typed or printed name and capacity of person signing application)

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Addendum)

## 11. A DIRECTORS (Continued)

**Director:** Debra Huggins

Address: 410 Newport Way NW, Suite D

Issaquah, Washington 98027

# Delaware

PAGE 1

# The First State

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

DELAWARE, DO HEREBY CERTIFY "AKER BIOMARINE ANTARCTIC US 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 MAY, A.D. 2015.

4660752 8300

150767734

AUTHENTICATION: 2409641

DATE: 05-26-15

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