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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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15 DEC -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Klarna Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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TALLAHASSEE, FLORIDA

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DEC 02 2015
D. BRUCE

**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. KLARNA INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

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

3. 99-0365994

(FEI number, if applicable)

4. 05/06/2011

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 629 N. High Street, Suite 300, Columbus, OH 43215

(Principal office address)

same

(Current mailing address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

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

By: Alfred Younan

(Registered agent's signature)

Alfred Younan

Assistant Secretary

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.

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Brian Billingsley

Address: 629 N. High Street, Suite 300, Columbus, OH 43215

Vice President: Maurice Twomey

Address: 629 N. High Street, Suite 300, Columbus, OH 43215

Secretary: Jin Han

Address: 629 N. High Street, Suite 300, Columbus, OH 43215

Treasurer: Maurice Twomey

Address: 629 N. High Street, Suite 300, Columbus, OH 43215

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

12. _____

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. Jin Han Secretary

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

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Brian Billingsley
 Officer/Director: Officer
 Officer's Title: CEO
 Director's Title:
 Business Address: 629 N. High Street, Suite 300
 City: Columbus
 State: OH
 ZIP Code: 43215
- 2 Full Name: Sebastian Siemiatkowski
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: Sveavagen 46, 111 34
 City: Stockholm Sweden
 State:
 ZIP Code:
- 3 Full Name: Niklas Adalberth
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: Sveavagen 46, 111 34
 City: Stockholm Sweden
 State:
 ZIP Code:
- 4 Full Name: Knut Frangsmyr
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director
 Business Address: Sveavagen 46, 111 34
 City: Stockholm Sweden
 State:
 ZIP Code:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KLARNA 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 FIRST DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



4967564 8300

SR# 20151137938

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 10518962

Date: 12-01-15