FIDWOWS

(Re	equestor's Name)			
(Ac	ldress)			
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO:	Registration Section Division of Corporations				
	PRO GYM MOLDE AS				
SUBJ	ECT:	ration -	must include suffix		<u>_</u>
	•	i ation •	mast metade sattix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Good referenced foreign corporation to transact by	d Stand	ing" and check are sub		
Please	return all correspondence concerning this i	matter t	o the following:		
SUSA	N HARDING		· ·		
	Nan	ne of Pe	erson		
HARD	PING BELL INTERNATIONAL INC.				
	Firm	/Comp	any		
113 PC	ONTOTOC PLAZA				
		Addres	3		7
AUBL	IRNDALE, FL 33823				7 HAR
	City/S	tate and	Zip code		£
SUSA	N.HARDING@HBITAX.COM				P
	E-mail address: (to be	used fo	future annual report i	notification)	بَبَ
For fu	rther information concerning this matter, pl	ease cal	1:		PM 3: 08
SUSA	N HARDING 863		968-1010		
	Name of Person Area	a Code	Daytime Telep	hone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Talfahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclos	ed is a check for the following amount:				
\$ \$70	0.00 Filing Fee \$\times \text{Certificate of Status}		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing I Certificate of Certified Copy	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.

(State or countr	3.	APPLIED FOR	da)
09-25-2006	y under the law of which it is incorporated)	(FEI number, if applicable) PERPETUAL	
(Date	of incorporation) ICATION	(Date of duration, if other than perpetual)	
30KS 331, MOL		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Princip	pal office address)	
	(Current mailin	ng address, if different)	_
Name and stree			17 HAR
Name and stree	(Current mailing to address of Florida registered agent: (P.C.) HARDING BELL INTERNATIONAL, IN	O. Box NOT acceptable)	17 HAR IL
Name:	t address of Florida registered agent: (P.C	O. Box NOT acceptable)	17 HAR IL PM
	t address of Florida registered agent: (P.C HARDING BELL INTERNATIONAL, IN	O. Box NOT acceptable)	THAR ILL PM 3: UB

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:

	BJORN ARILD GAUSTAD		
	BOKS 331, MOLDE, 6401 NORWAY		h-1
Address:			
Vice Chai	irman:		
Director:			
Address:			
Director:		 _	
Address:			
			— غاد م
B. OFF	MAGNE BOLME	17 1	
	BOKS 331, MOLDE, 6401 NORWAY	***	
Addiess;		[-	
Vice Pres	sident:	<u>물</u> 汉	55,150
		000	ر برا ع.
Secretary	r	<u> </u>	
Address:			
Treasurer			
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or dire	ctors.	
12	Signature of Director or Officer		—
	cer or director signing this document (and who is listed in number 11 above) affirms that the facts and that he or she is aware that false information submitted in a document to the Department of Sta		
a third d	egree felony as provided for in s.817.155, E.S.		
13. BJC	(Typed or printed name and capacity of person signing application)		_
	(-11-a at harmon min anhand) at herean at Brand akking and		

Organization number:

990 469 628

Type of company:

Limited company

Date of incorporation: 2006-09-25

Registered in the Register of Business

Enterprises:

2006-11-06

Name:

PRO GYM MOLDE AS

Business address:

Julsundvegen 49

Municipality:

6412 MOLDE 1502 MOLDE

Country:

Norway

Postal address:

Boks 331

6401 MOLDE

Mobile telephone:

+ 47 913 32 324

Share capital NOK:

2,700,000.00

General manager/

managing director:

Bjørn Arild Gaustad

Board of directors:

Chair of the board:

Bjørn Arild Gaustad

Stallberget 6 6490 EIDE

Board member(s):

Magne Bolme

Anne-Marthe Silseth

Signature:

The chair of the board alone.

Auditor:

Certified auditing company

Organization number 935 174 627

KPMG AS

Sørkedalsveien 6

0369 OSLO

The Brønnøysund Register Centre

The Register of Business Enterprises,

2017-01-30

Notary Public

for the Brønnøysund Register Centre