Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000211942 3)))



H190002119423ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

| D41 | Address: | | | |
|-----|----------|--|--|--|
| | | | | |

FOREIGN PROFIT/NONPROFIT CORPORATION SIEVO INC.

| 0 |
|---------|
| 0 |
| 05 |
| \$70.00 |
| |

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--------------------|--|------------------|
| Sieva Inc. | | | |
| SUBJECT: Name | of corporation - r | nust include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to | e of Good Standin | ng" and check are submitted to registe | orida," r the |
| Please return all correspondence concern | ing this matter to | the following: | |
| David Richardt, CPA | | | |
| | Name of Pe | rson | |
| BGBC Partners, LLP | | | |
| | Firm/Compa | iny | <u> </u> |
| 300 N. Meridian St., Ste. 1100 | | | |
| | Address | I | |
| Indianapolis, IN 46204 | | | |
| | City/State and | Zip code | A-19 |
| drichardt@bgbc.com | | | <u> </u> |
| E-mail addres | s: (to be used for | future annual report notification) | E.F |
| For further information concerning this | matter, please cal | l: | IL 12 AM IO: OT |
| David Richardt, CPA | 31 7 | 633-4700 | 1 |
| Name of Person | Area Code | Daytime Telephone Number | ラント ラント ファ |
| STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | SS: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| Enclosed is a check for the following an | nount: | | |
| ■ \$70.00 Filing Fee □ \$78.75 Fili Certificate | | \$78.75 Filing Fee & Certified Copy Certified Copy Certified | e 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.

| Sievo Inc. | | | | | |
|---|--|---|--|------------------|------------|
| (Enter name of c | orporation; must include 'orp," "Inc." "Co," ar "Co | "INCORPORATED," "C rp.") | OMPANY," "CORPORATION," | | |
| (If name unavail | able in Florids, enter alter | | pted for the purpose of transacting busi | ness in Florida) | |
| 2 | ry under the law of which | 3 | (FEI number, if applicab | | |
| Innuary 3, 2017 | _ | | | | |
| (Date | (Date of incorporation) | | (Date of duration, if other than perpetual) | | |
| 6 | | | | | |
| u | (Date first (SEE SECTION | transacted business in Fl 4S 607.1501 & 607.1502 | orida, if prior to registration) F.S., to determine penalty liability) | | |
| 20 W Kinzie St. | Chicago, 11, 60654 | | | | |
| / | | (Principal | office address) | | |
| c/o BGBC Partn | ers, LLP 300 N Meridia | n St., Stc. 1100 Indianap | olis, IN 46204 | | |
| | · · · · · · · · · · · · · · · | (Current mailing a | ddress, if different) | | |
| | | | | Du | - <u>*</u> |
| 8. Name and stre | et address of Florida re | egistered agent: (P.O. I | Box NOT acceptable) | | 9 |
| Name: | Capitol Corporate | e Services, Inc. | _ | | 19 JUL 1 |
| Office Address: | 515 E. Park Ave | | | | () " |
| | Tallahassœ | | , Florida 32301 (Zip code) | - | Ī |
| | (1 | City) | (Zip code) | C OR | AM 10: 0 |
| O Registered of | gent's acceptance: | | | Ē | |
| Having been nad designated in this further awree to | ned as registered agen is application, I hereby camply with the provis | i accept the appointme dons of all statutes rel | of process for the above stated co nt as registered agent and agree to give to the proper and complete p ny position as registered agent. | , and the sub- | |
| | Kim Tadlock, Asst Sec on behalf of Capitol Corporate Services, Inc. | | | | |
| | | (Registered ag | ent'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. Name | es and business addresses of officers and/or directors: | | |
|------------|--|---------------------------------------|------------|
| A. DIRE | CTORS | | |
| Chairman; | N/A | | |
| Address: | | | |
| _ | | | |
| Vice Chai: | man: | | |
| Address: | | | |
| _ | | | |
| Director: | Johan-Peter Teppala | | |
| Address: | 20 W Kinzie St. | | |
| | Chicago, IL 60654 | | |
| Director: | N/A | | |
| Address: | | | |
| | | | · <u> </u> |
| B. OFF | ICERS | | |
| President | Johan-Peter Teppala | | |
| Address: | 20 W Kinzie St. | / | <u> </u> |
| AGUI COS. | Chicago, 11, 60654 | A.E. | <u>=</u> _ |
| Mina Dene | Sammeli Sammalkorpi ident: | | 7 |
| Address: | 20 W Kinzie St. | * * * * * * * * * * * * * * * * * * * | AK |
| Address. | Chicago, 1L 60654 | <u> </u> | <u> </u> |
| C | Bruno Dureault | 1 1 1 1 1 1 1 1 1 1 | n 2 |
| Secretary | 20 W Kinzie St. Chicago, IL 60634 | | |
| Address: | N/A | | |
| | | | |
| | | officers and/or directors | · — — |
| | If necessary, you may attach an addendum to the application listing additional | Company and of Shadon | |
| 12 | Signature of Director or Officer | | |

The officer or director signing this document (and who is listed in number 11 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. Johan-Peter Teppala, CEO/President

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

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SIEVO 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 ELEVENTH DAY OF JULY, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIEVO INC." WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2017.

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

6269078 8300 SR# 20195927076

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

MSIC

Authentication: 203198735

Date: 07-11-19