

F19000004960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

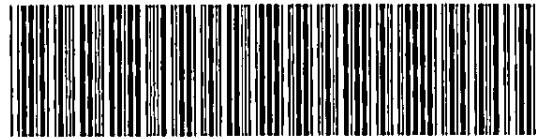
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-10533M
2nd pg of APP
cert

Office Use Only



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2019 OCT 26 PM 1:06

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M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2018

MICHELLE WILSON BROWN
TAX TRILOGY, LLC
19785 W. 12 MILE RD., #399
SOUTHFIELD, MI 48076

SUBJECT: POLESTAR AUTOMOTIVE USA INC.
Ref. Number: W18000105337

We have received your document for POLESTAR AUTOMOTIVE USA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of the application was not submitted. Please complete the enclosed second page accordingly.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 818A00025016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Polestar Automotive USA Inc. - W18000105337 - PAYMENT ON FILE

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michelle W. Brown

Name of Person

Tax Trilogy, LLC

Firm/Company

19785 West 12 Mile Road, #399

Address

Southfield, Michigan 48076

City/State and Zip code

polestarusa@taxtrilogy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Brown

at (313)

827-4100

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy
Fee was previously paid, please reference file #

2018 OCT 26 AM 11:37

**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. Polestar Automotive USA Inc.
(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)
2. Delaware 3. 82-5420108
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 25, 2018 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Date of Registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1 Volvo Drive, Building B, Rockleigh, New Jersey 07647-2507
(Principal office address)
- c/o Tax Trilogy, LLC 19785 West 12 Mile Road, #399, Southfield, Michigan 48076
(Current mailing address, if different)

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: Stephanie Pierce Asst. Sec.
(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.

2019 OCT 26 PM 1:10

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

A. DIRECTORS

Chairman: Jonathan Goodman

Address: 1 Volvo Drive, Building B, Rockleigh, New Jersey 07647-2507

Vice Chairman: Lars Lundin

Address: 1 Volvo Drive, Building B, Rockleigh, New Jersey 07647-2507

Director: Nathan Forshaw

Address: 1 Volvo Drive, Building B, Rockleigh, New Jersey 07647-2507

Director: _____

Address: _____

B. OFFICERS

President: Gregor Hembrough

Address: 1 Volvo Drive, Building B, Rockleigh, New Jersey 07647-2507

Vice President: Nils Holger Mosko

Address: 1 Volvo Drive, Building B, Rockleigh, New Jersey 07647-2507

Secretary: Nathan Forshaw

Address: 1 Volvo Drive, Building B, Rockleigh, New Jersey 07647-2507

Treasurer: _____

Address: _____

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 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. Gregor Hembrough - President

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POLESTAR AUTOMOTIVE USA 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 EIGHTH DAY OF OCTOBER, A.D. 2019.



6859352 8300

SR# 20197431738

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

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

Authentication: 203752100

Date: 10-08-19