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| (Re                     | questor's Name)   |           |
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| bA)                     | dress)            |           |
| (Ad                     | dress)            | <u> </u>  |
| (Cit                    | y/State/Zip/Phone | #)        |
|                         |                   | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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|                         | Office Use Only   | 1         |



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# **COVER LETTER**

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| TO: | Registration Section     |
|-----|--------------------------|
|     | Division of Corporations |

SUBJECT: GoEuro Corp.

Name of corporation - must include suffix

Dear Sir or Madam:

| The enclosed "Application by Foreig    | n Corporation f    | or Authorization to 1 | ransact Business in Florida." |
|--|--------------------|-----------------------|-------------------------------|
| "Certificate of Existence," or "Certif | icate of Good St   | anding" and check a   | re submitted to register the  |
| above referenced foreign corporation   | i to transact busi | ness in Florida.      |                               |
|  |                    |                       | 6 N                           |
| Please return all correspondence con   | cerning this mat   | ter to the following: |                               |
| Tim Claydon                            |                    |                       |                               |
|  | Name o             | of Person             |                               |
| GoEuro Corp.                           |                    |                       | 05                            |
|  | Firm/Co            |                       |                               |
| 6511 Jaacha DO                         | 1 mil/CC           | mpany                 |                               |
| 6511 Jacobs DR                         |                    |                       |                               |
|  | Ad                 | dress                 |                               |
| Fort Myers, FL 33908                   |                    |                       |                               |
|  | City/State         | and Zip code          |                               |
| legal@omio.com                         | -                  | I                     |                               |
|  | dress: (to be use  | d for future annual r | aport potification)           |
| is man do                              |                    | a for future annual f | eport notification)           |
| For further information concerning the | his matter, please | e call:               |                               |
|  |                    |                       |                               |
| n/a                                    | at (               | )                     |                               |
| Name of Person                         | Area Co            | de Daytime            | Telephone Number              |
|  |                    |                       |                               |
| STREET/COURIER ADD                     | RESS:              | MAILI                 | NG AÐDRESS:                   |
| Registration Section                   |                    |                       | tion Section                  |
| Division of Corporations               |                    |                       | n of Corporations             |
| The Centre of Tallahassee              |                    | Р.О. Во               | x 6327                        |
| 2415 N. Monroe Street, Suite           | e 810              | Tallahas              | see, FL 32314                 |
| Tallahassee, FL 32303                  |                    |                       |                               |
| Enclosed is a check for the following  | amount:            |                       |                               |
| Please make check payable to: FLORID   | A DEPARTMEN        | T OF STATE            |                               |
|  | Filing Fee &       | □ \$78.75 Filing Fe   | e & 🛛 \$87.50 Filing Fee.     |
| ÷                                      | ate of Status      | Certified Copy        | Certificate of Status &       |
|  |                    | ook)                  | Certified Copy                |

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## **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.

### GoEuro Corp. 1.

(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   | e adopted for the purpose of transac   | ting busi | iness in Florida) |
|----|---|--|-----------|-------------------|
| 2. | Delaware 3  | 80-0727557   |           |                   |
|    | (State or country under the law of which it is incorporated)      | (FEI number, it  | applicat  | ole)              |
| 4. | 04.26.2011 5  | n/a  | 1         | 2                 |
|    | (Date of incorporation)   | (Date of duration, if oth  | er than p |                   |
| 6. | n/a   |  |           |                   |
|    | (Date first transacted business<br>(SEE SECTIONS 607.1501 & 607.1 | in Florida, if prior to registration)<br>1502, F.S., to determine penalty lial | bilitý)   |                   |
| 7. | Schoenhauser Allee 180, 10119 Berlin, Germany                     |  | ·         | PH                |
| -  | (Principal of   | fice street address)   |           | - <del>ci</del>   |
|    | 2637 E Atlantic Blvd #33734 Pompano Beach, FL 33062               | —  |           | 05                |
|    | (Current mail)  | in a address of differences  |           |                   |

(Current mailing address, if different)

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

| Name:           | Tim Claydon    |            |
|-----------------|----------------|------------|
| Office Address: | 6511 Jacobs DR |            |
|                 | Fort Myers     |            |
|                 | (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.

T & Claydon (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.

| • | • |  |
|---|---|--|

| DChai <del>r</del> man | Naren Shaam                   |                 | Dr. Jan Kemper                  |
|------------------------|-------------------------------|-----------------|---------------------------------|
|                        | Name:Schoenhauser Allee 180   | Chairman        | Name:<br>Schoenhauser Allee 180 |
| □Vice Chairman         | Address: 10119 Berlin, Gemany | □Vice Chairman  | Address: 10119 Berlin Crermin   |
| Director               |                               | Director        |                                 |
| President              |                               | □President      |                                 |
| □Vice President        |                               | □Vice President |                                 |
| Secretary              | □ Treasurer                   | Secretary       | Treasurer                       |
| □Other                 | 0ther                         | DOther          | Other                           |
|                        |                               |                 |                                 |
| ⊟Chairman              | Name:                         | □Chairman       | Name:                           |
| □Vice Chairman         | Address:                      | □Vice Chairman  | Address:                        |
| Director               |                               | Director        |                                 |
| □President             |                               | President       |                                 |
| □Vice President        |                               | □Vice President |                                 |
| Secretary              | Treasurer                     | Secretary       | Treasurer                       |
| □Other                 | Other                         | □Other          | Other                           |
| □Chairman              | Name:                         | □Chairman       | Name:                           |
| □Vice Chairman         | Address:                      | □Vice Chairman  | Address:                        |
| Director               |                               | Director        |                                 |
| □President             |                               | President       |                                 |
| □Vice President        |                               | □Vice President |                                 |
| Secretary              | Treasurer                     | □ Secretary     | Treasurer                       |
| Other                  | Other                         | □Other          | Other                           |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Dr. Jan Kemper, Director

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOEURO CORP." 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 NOVEMBER, A.D. 2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOEURO CORP. WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2011. AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 204086789

Date: 11-26-19

Page 1

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SR# 20198304360 You may verify this certificate online at corp.delaware.gov/authver.shtml