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Fro m:	Account Name : M. BURR KEIM COMPANY Account Number : I19990000242	DA A	్ చ	

: (215)563-8113 : (215)977-9386

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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.

1.			
	orporation; must include "INCORPORA" orp," "inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
		5	
(If name unavail	able in Florida, enter alternate corporate i	name adopted for the purpose of transacting b	usiness in Florida)
2. Delaware		3)20 ÅL
	y under the law of which it is incorporate	ed) (FEI number, if applic	able)
4. February 11, 20	19	5.	TALL PER 2
	of incorporation)	(Date of duration, if other than	n perpetual)
			ij. B
Upon Qualificat	tion.		
6. Upon Qualificat		ness in Florida, if prior to registration)	
6. Upon Qualificat	(Date first transacted busin	ness in Florida, if prior to registration) 507.1502, F.S., to determine penalty liability)	FLORIE FLORIE
0	(Date first transacted busin (SEE SECTIONS 607.1501 & 6		FLORIDA
0	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 1, Suite 330, Weston, FL 33326		FLORIDA
0	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 1, Suite 330, Weston, FL 33326	507.1502, F.S., to determine penalty liability)	FLORIDA
0	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 1, Suite 330, Weston, FL 33326 (Principal)	507.1502, F.S., to determine penalty liability)	FLORIDA
0	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 1, Suite 330, Weston, FL 33326 (Principal)	507.1502, F.S., to determine penalty liability) al office street address)	FLORIDA
7	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 1, Suite 330, Weston, FL 33326 (Principal)	so7.1502, F.S., to determine penalty liability) al office <u>street</u> address) mailing address, if different)	H: 43 FLORIDA
7. 135 Weston Road 8. Name and stre	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 d, Suite 330, Weston, FL 33326 (Principal (Current rect address of Florida registered agent:	so7.1502, F.S., to determine penalty liability) al office <u>street</u> address) mailing address, if different)	FLORIDA
7	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 1, Suite 330, Weston, FL 33326 (Principal)	so7.1502, F.S., to determine penalty liability) al office <u>street</u> address) mailing address, if different)	H: 43 FLORIDA
7. 135 Weston Road 8. Name and stre	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 d, Suite 330, Weston, FL 33326 (Principal (Current rect address of Florida registered agent:	so7.1502, F.S., to determine penalty liability) al office <u>street</u> address) mailing address, if different)	Hu: 43
7. 135 Weston Road 8. Name and stre Name:	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 1, Suite 330, Weston, FL 33326 (Principal (Current of the address) of Florida registered agent: W. Bradley Munroe, Esq.	so7.1502, F.S., to determine penalty liability) al office <u>street</u> address) mailing address, if different)	H: 43 FLORIDA

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.

(Registed ed egent'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.

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To:

'(((H20000050775 3)))

A. DIRECT	ORS			
□Chairman	Name:	□Chairman Nam	Lars Mathias Brandhammar	
□Vice Chair	Utmarksvagen 13	□Vice Chairman Ado	Utmarksvagen 13 iress:	
Director	802 91 Gavle, Sweden	□Director 802	91 Gavle, Sweden	
President		□President		
□Vice Presid	dent	□Vice President		
☐ Secretary	☐Treasurer	■ Secretary	Treasurer	
□Other	Other	□ Other	Other	
□Chairman	Name:	□Chairman Nam	ne:	
□Vice Chair	rman Address:	□Vice Chairman Ado	iress:	
□Director		□Director	iress:	
□President	<u></u>	□President	THA EB	
□Vice Presid	dent	□Vice President	26 2H	
Secretary	☐Treasurer	☐ Sccretary	Treasurer.	
□Other	□ Other	□ Other	BOther	
	_	DG: Norw		
	Oraliman Name: Oraliman Address:		55	
	Director			
	□President			
	□Vice President	□Vice President		
	Secretary OTreasurer	☐ Secretary	□ I reasurer	
	DOther	Other	Other	
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	12 Signature of E	Director or Officer		
	The officer or director signing this document (and who is listed a she is aware that false information submitted in a document to the \$17.155, F.S.	in number 11 above) affirms that the fa the Department of State constitutes a th	acts stated herein are true and that he or ard degree felony as provided for in	
	13 Lars Mathias Brandhammar, Treasurer & Secretary			
	(Typed or printed name and capacit	y of person signing application)		

To:

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Page 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CIBES LIFT US 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 THIRTEENTH DAY OF FEBRUARY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CIBES LIFT US INC." WAS INCORPORATED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES [].

HAVE BEEN ASSESSED TO DATE.

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

James of Samuel, of Samuel, of Samuel, of Samuel, of Samuel, Samuel, of Samue

Authentication: 202383198

Date: 02-13-20