# F2000004390

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5.00 S.00	COV	VER LE	TTER	**		•
TO: Registration Secti Division of Corpo				•1		
SUBJECT: Investor EH	F Corp.					
SUBJECT:	Name of co	rporation -	must includ	de suffix		
Dear Sir or Madam:						
The enclosed "Application "Certificate of Existence," above referenced foreign of	or "Certificate of G	iood Standi	ng" and che			
Please return all correspon	idence concerning th	nis matter to	o the follow	ring:		
David A. Cumberland						
		Name of Pe	erson			
Kerkering, Barberio & Co.						
	-	Firm/Comp	any			<u>_</u>
1990 Main Street, Suite 801		•	-			
	·····	Addres	s		·	
Sarasota, FL 34236						
	Cit	y/State and	I Zip code			
dcumberland@kbgrp.com			·			
<u> </u>	E-mail address: (to	be used for	r future ann	ual report r	notification)	
For further information co	ncerning this matter	, please cal	11:			
David A. Cumberland		941	365-4617			
Name of Person	at (	Area Code	)Day	time Telepl	hone Number	
STREET/COUR Registration Section				AILING A gistration S		
Division of Corporations The Centre of Tallahassee				Division of Corporations		
2415 N. Monroe S Tallahassee, FL - 3	Street. Suite 810			). Box 632' llahassee. F		
Enclosed is a check for the Please make check payable to		RTMENT C	DF STATE			
	\$78.75 Filing Fee Certificate of Sta	e & 🛛 🗆	\$78.75 Filir Certified C	-	Certifica Certifica Certifica	ate 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.

## Investor EHF Corp.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp." "Inc," "Co," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of trans	acting business in Florida)			
Iceland	3	98-1457983				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)				
05/05/2004	5	·				
	of incorporation)	(Date of duration, if other than perpetual)				
		· · · · · · · · · · · · · · · · · · ·				
	(Date first transacted business) (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty li				
Lundur 56, 200 K	opavogur. Iceland					
		fice <u>street</u> address)				
1990 Main St. St	iite 801. Sarasota FL 34236					
	(Current maili	ng address, if different)				
Name and stree	at address of Florida registered agent: (P.)	O. Box <u>NOT</u> acceptable)				
Name:	David A. Cumberland					
office Address:	1990 Main St. Suite 801					
		, Florida				
	(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.



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.

٩ 14 A. DIRECTORS

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□Chairman	Name:	Johann Magnussen	□Chairman	Name:		
		Lundur 56,		Address:		
Director		200 Kopavogur, Iceland				
□President		······	President			
□Vice President						
□Secretary		Treasurer	□Secretary		Treasurer	
□Other		□Other	🖸 ()ther		D0ther	
□Chairman	Nama	David A. Cumberland	□Chairman	Nama		
		1990 Main St, Suite 801				
	Address.	Sarasota FL 34236				
□President			□President		<u>.</u>	
□Vice President			Vice President			
		Treasurer			Treasurer	
■Other		[] Other	Other		Other	
	Name:		Chairman	Name:		
□President			 President			
□Vice President			Vice President			
Secretary		Treasurer			Treasurer	
□Other		□Other	Other		Other	
Important Notice: U individuals may be a 12	lse an atta added to t	chinen to report more than six (6), he index when filing your Florida ( A A A A A A A A A A A A A A A A A A A	Peptinent of State Annual Re	port form.	ourposes only. Non-indexed	
Signature of Director or Officer The officer or director similar this document (and who is listed in number 1) above) affirms that the facts stated herein are true and that he or						

director signing this document (and who is listed in number 11 above) affirms that the facts stated herein a 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. \_\_\_\_\_ Johann Magnussen, Director



- Register of Enterprises -Laugavegi 166, 105 Reykjavík, Iceland - Tel: +354 442-1250

# **Certificate of Registration**

Investor ehf.

ID-nr: 590505-1100

c/o Jóhann Magnússon Postal Address: Lundi 56 200 Kópavogur

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Domicile: Suðurlandsbraut 32 108 Reykjavík

Issued: 22.9.2020

Date of Articles of Association: 24.10.2013

#### Company's Board of Directors according to a meeting on: 10.1.2010:

010256-4539 Jóhann Magnússon, Lundi 56, 200 Kópavogur, Director

200785-2239 Helga Kristín Jóhannsdóttir, Bólstaðarhlið 8, 105 Reykjavík, Reserve Director

#### Management:

Power of Procuration:

Auditors: 521098-2449 Deloitte ehf., Småratorgi 3, 201 Kópavogur 140554-2279 Þorvarður Gunnarsson, Þorrasölum 9, 201 Kópavogur

Share capital: ISK 502.632

Signatures: Director

Restrictions on the handling of shares: Yes

Liability for redemption of shares: No

Activity code: 70.22.0 Business and other management consultancy activities

Form of operation: Private limited company

Lardenc & Guillauge

Karólína I. Guðlaugsdóttir