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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## FOREIGN PROFIT/NONPROFIT CORPORATION

OleanAir Scandinavia Inc.

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAN BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER À FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," " orp." "Inc.," "Co," or "Corp ")	COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting business in Flo
Delaware		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
	5.	
(Date	of incorporation) 5	(Date of duration, if other than perpetual)
D		<u> </u>
0.46 10.179 (31.1	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	
•	ORIVE, PLAIN CITY, OH 43064 (Principal	office address)
•	(Principal	office address) address, if different)
7	(Principal	address, if different)
7	(Principal (Current mailing :	address, if different)
7 B. Name and <u>stree</u>	(Principal  (Current mailing a  et address of Florida registered agent: (P.O.)  C T Corporation System	address, if different)
8. Name and <u>stree</u> Name:	(Principal  (Current mailing a  et address of Florida registered agent: (P.O.)  C. T. Corporation System  1200 South Pine Island Road	address, if different)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation i designated in this application, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relative to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registered agent.

> Christine Kelm Assistant Secretary (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this a the Department of State, by the Secretary of State or other official having custody of corporate records in the under the law of which it is incorporated.

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

A. DIRE	ECTORS
Chairman	
Address	
Vice Chai	rman:
Address	
Director:	Bradley Ballantine
	8445 RAUSCH DRIVE
Address.	PLAIN CITY OH 43064
Discount	Christina Lindstedt
	8445 RAUSCH DRIVE
Address.	PLAIN CITY OH 43064
B. OFF	ICERS
President	Bradley Ballantine
	8445 RAUSCH DRIVE
. (41/1/33	PLAIN CITY OH 43064
Vice Pres	ident;
Address	
Secretary	Henrik Resmark
ŕ	8445 RAUSCH DRIVE, PLAIN CITY OH 43064
	If necessary, you may attach an addendum to the application listing additional officers and/or direct
12.	Bradley K Ballantine Signature of Director or Officer
	Signature of Director or Officer
The office are true a third do	ter or director signing this document (and who is listed in number 11 above) affirms that the facts s and that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.
	lley Ballantine, President
	(Typed-or printed name and capacity of person signing application)

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## Delaware The First State

Paį

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

DELAWARE, DO HEREBY CERTIFY "QLEANAIR SCANDINAVIA INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOO

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORD:

OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D.

2021.

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

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

Authentication: 202

Date: (

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SR# 20210469160