F210000039/6

(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration S Division of Co				
	ENDOM AS			
SUBJECT:	Name of	corporation	- must include suffix	
Dear Sir or Madam:				
	ice." or "Certificate o	f Good Stan	ding" and check are sub	nct Business in Florida," omitted to register the
Please return all corres	spondence concerning	this matter	to the following:	
		Name of I	Person	
HARDING BELL INTI	ERNATIONAL, INC			
113 PONTOTOC PLAZ	ZA.	Firm/Com	pany	
AUBURNDALE, FL 33	3823	Addre	ss	
CLIENTSERVICES@F		City/State ar	ıd Zip code	
	E-mail address: (to be used f	or future annual report	notification)
For further informatio	n concerning this mat	ter, please c	all:	
KEVIN REDLING	at	863 (968-1010	
Name of Pers		Area Code	Daytime Telep	hone Number
Registration S Division of Co Clifton Buildi	orporations ng & Center Circle		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Enclosed is a check fo	r the following amou	it:		
☐ \$70.00 Filing Fee	S78.75 Filing I		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



June 25, 2021

KEVION REDLING 113 PONTOTOC PLAZA AUBURNDALE, FL 33823

SUBJECT: ELTI EIENDOM AS Ref. Number: W21000092336

We have received your document for ELTI EIENDOM AS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 121A00014501

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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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Floridal NORWAY 3. (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (SunDGATA 3, EIDSVOLL, 2080 NORWAY (Principal office address) (Current mailing address, if different) Name: (Current mailing address, if different) Name: (City) (Registered agent's acceptance: Laving been named as registered agent and to accept service of process for the above stated corporation at the estignated in this application. I hereby accept the appointment as registered agent and agree to act in this cap interest in this cap interest in this application. I hereby accept the appointment as registered agent and complete performance of action, and I am familiar with and accept the obligations of my position as registered agent.	ELTI EIENDON	LAS CORP		
(State or country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation, if other than perpetual) (Current mailing address, if different) (Principal office address) (Current mailing address, if different) (Current mailing address, if different) (Principal office address) (Current mailing address, if different) (Current mailing address, if different) (Principal office address) (Current mailing address, if different) (Current m	(Enter name of ce	prporation; must include "INCORPORATED," "C	OMPANY," "CORPORATIO	", И
(Principal office address) (Date and street address of Florida registered agent: (P.O. Box NOT acceptable) (City) (City) (Registered agent's acceptance: laving been named as registered agent and to accept service of process for the above stated corporation at the string been named as registered agent and to accept the appointment as registered agent and agree to act in this cap taties, and I am familiar with and accept the obligations of my position as registered agent.	NORWAY	,		_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) SUNDGATA 3, EIDSVOLL 2080 NORWAY (Principal office address) (Principal office address) (Principal office address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: HARDING BELL INTERNATIONAL, INC	12/10/2018			
SUNDGATA 3, EIDSVOLL 2080 NORWAY (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: HARDING BELL INTERNATIONAL, INC HI3 PONTOTOC PLAZA (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this cap rither agree to comply with the provisions of all statutes relative to the proper and complete performance of titles, and I am familiar with and accept the obligations of my position as registered agent.	Date	of incorporation)	(Date of duration, if other	er than perpetual)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: HARDING BELL INTERNATIONAL, INC HARDING BELL INTERNATIONAL, INC HI3 PONTOTOC PLAZA AUBURNDALE (City) Registered agent's acceptance: axing been named as registered agent and to accept service of process for the above stated corporation at the exignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap with the provisions of all statutes relative to the proper and complete performance of actives, and I am familiar with and accept the obligations of my position as registered agent.		(SEE SECTIONS 607.1501 & 607.1502, EIDSVOLL 2080 NORWAY	F.S., to determine penalty liab	ility)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: HARDING BELL INTERNATIONAL, INC 113 PONTOTOC PLAZA AUBURNDALE (City) Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the signated in this application. I hereby accept the appointment as registered agent and agree to act in this cap rither agree to comply with the provisions of all statutes relative to the proper and complete performance of actives, and I am familiar with and accept the obligations of my position as registered agent.		(Principal C	office address)	
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	laving been nam esignated in this urther agree to co	ed as registered agent and to accept service (application, I hereby accept the appointmen omply with the provisions of all statutes rela	t as registered agent and ag tive to the proper and comp	gree to act in this capac lete performance of my
(Registered agent's signature)		(Registered ager	nt'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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS CHRISTOFFER GUSTERUD Chairman: TOMTERHAGAN 51 Address: 2080 EIDSVOLL NOWAY Vice Chairman: ___ Address: __ Director: ___ Address: ___ Director: _ Address: _ **B. OFFICERS** CHRISTOFFER GUSTERUD President: TOMTERHAGAN 51 Address: 2080 EIDSVOLL NOWAY Vice President: Address: _ Secretary: _ Address: _ Treasurer: ___ Address: NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. 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. ____



The Register of Business Enterprises Postbox 900, NO-8910 Brannaysund Organization number: 974 760 673 Internet address: http://www.brreg.no

Certificate of Registration

Telephone: +47 75 00 75 00

The certificate of registration contains information concerning one particular business enterprise registered in the Register of Business Enterprises, identified by its organization number.

The information contained in the certificate will only pertain to matters registered in the Register of Business Enterprises as of the date of the printout.

Matters for which notification is required and for which notification has not been given, and which are contrary to what has been registered, cannot be brought to bear against a third party, unless said third party was aware of or should have been aware of the matters, cf. the Norwegian Business Enterprise Registration Act § 10-1.

Any person has the right of access to the information registered in the Register of Business Enterprises. This does not apply to (Norwegian) personal identity numbers.

Organization number:

922 185 379

Type of company:

Limited company

Date of incorporation:

2018-12-10

Registered in the Register of Business

Enterprises:

2019-02-08

Name:

ELTI ELENDOM AS

Business address:

Sundgata 3 2080 EIDSVOLL 3035 EIDSVOLL

Municipality: Country:

Norway

Mobile telephone: E-mail address:

+ 47 978 38 070 post@gusterudbygg.no

Share capital NOK:

2,000,000.00

General manager/

managing director:

Elise Gusterud

Board of directors:

Christoffer Gusterud

Tomterhagan 51 2080 EIDSVOLL

Signature:

The chair of the board and the

general manager separately.

Auditor:

Certified auditing company

Organization number 972 412 112

SLM REVISJON AS Stortorget 28 2000 LILLESTRØM

The Brønnøysund Register Centre

The Register of Business Enterprises,

2021-05-26

Victor Nilssen Notary Public

for the Brønnøysund Register Centre

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.

(Enter name of co	rporation; must include "INCORPORATED." "C	OMPANY," "CORPORATION	
"Ine.," "Co.," "Co	rp," "Inc." "Co." or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name adop	ted for the purpose of transactin	g business in Florida)
N1/ N7NN1/ N N/			
	3		
(Date	of incorporation) 5	(Date of duration, if other	than perpetual)
	(Date first transacted business in Flo	rida, if prior to registration)	11.1
SHNDGATA 3 F	(SEE SECTIONS 607.1501 & 607.1502, HDSVOLL 2080 NORWAY	r.s., to determine penalty nation	iý i
	(Principal o	ftion a Urocct	
	(rincipal o	mee address	
	(Current mailing ac	ldress, if different)	
	(carett maning ac	an edital and a management	
Name and stree	t address of Florida registered agent: (P.O. B	ox NOT acceptable)	. 12
	HARDING BELL INTERNATIONAL, INC	,	
Name:	113 PONTOTOC PLAZA		W 12
ffice Address:			N 12 PH 3: 52
	AUBURNDALE	_ , Florida 33823 (Zip code)	12. 2 (
	(City)	(Zip code)	$\frac{1}{2}$
Registered age	ent's acceptance:		5 2 ≘
aving been nam	ed as registered agent and to accept service (of process for the above state	ed corporation at the p
signated in this	application, I hereby accept the appointmen omply with the provisions of all statutes rela	t as registered agent and agi tive to the proper and compl	ree to act in this capac ete performance of m
rmer agree we ities, and I am f	amiliar with and accept the obligations of m	y position as registered agen	t.
	< 1/4		

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS CHRISTOFFER GUSTERUD Chairman: TOMTERHAGAN 51 Address: 2080 EIDSVOLL NOWAY Vice Chairman: ____ Director: B. OFFICERS CHRISTOFFER GUSTERUD President: _ TOMTERHAGAN 51 Address: _ 2080 EIDSVOLL NOWAY Vice President: Address: __ Secretary: _ Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. CHRISTOFFER GUSTERUD

Organization number:

922 185 379

Type of company:

Limited company

Date of incorporation:

2018-12-10

Registered in the Register of Business

Enterprises:

3019-02-08

Name:

ELTI ELENDOM AS

Business address:

Sundgata 3 2080 EIDSVOLL 3035 EIDSVOLL

Municipality: Country:

Norway

Mobile telephone:

Mobile telephone: E-mail address: 47 978 38 070 post@gusterudbygg.no

Share capital NOK:

2,000,000.00

General manager/

managing director:

Elise Gusterud

Board of directors:

Christoffer Gusterud

Tomterhagan 51 2080 EIDSVOLL

signature:

The chair of the board and the

general manager separately.

Auditor:

Certified auditing company Organization number 972 412 112

SLM REVISJON AS Stortorget 28 2000 LILLESTRØM

The Brønnøysund Register Centre

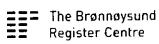
The Register of Business Enterprises,

2021-05-26

) // fo

Victor Nilssen Notary Public

for the Brønnøysund Register Centre



Certificate of Registration

Telephone: +47 75 00 75 00

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