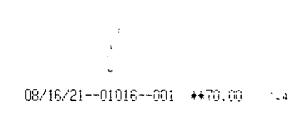
Falony 1796

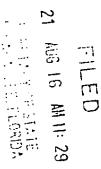
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									





700371725777







COVER LETTER

TO:	Registration Sect Division of Corp							
SURJ	ECT:	Nova Bus (US) I	nc.				
502.		Name of corporat	ion - m	ust include suffix				
Dear S	Sir or Madam:							
"Certi	ficate of Existence,	n by Foreign Corporation f " or "Certificate of Good S corporation to transact bus	tanding	" and check are subn				
Please	return all correspo	ndence concerning this ma	tter to t	he following:				
		Eleene Ismail	, Tax	Department				
			of Pers					
		Firm/C						
			-	•				
		P.O. Box		577				
		Ad	dress					
	<u> </u>	Fort Myers, FL						
		City/Stat	e and Z	ip code				
		ismail.e@a	llynin	tl.com				
		E-mail address: (to be use	d for f	uture annual report no	otification)			
For fu	rther information c	oncerning this matter, pleas	e call:					
E	leene Ismail	at (23	9 ₎	489-9900				
	Name of Person	Area C		Daytime Teleph	one Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please	sed is a check for th	te following amount: to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & rtified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy			

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.	Nova Bus (US) Inc.								
	(Enter name of corporation; must include "In "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp."		OMPANY,"	"CORPORA"	TION,"				
	(If name unavailable in Florida, enter alterna	te corporate name adop	oted for the pr	urpose of transi	acting business	n Flori	ida)		
2.	Delaware, USA	3.	8	7-1321202					
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)					
4.	06/01/2021	5.							
	(Date of incorporation)		(Date o	(Date of duration, if other than perpetual)					
6.		N/A							
		nsacted business in Flo 607.1501 & 607.1502,							
7.	260 Banker Road	Plattsburgh, NY	12901						
•		(Principal office	treet address)					
	1000 Industriel Blvd	Saint-Eustache,	aint-Eustache, Quebec Canada			21			
•		(Current mailing ad	dress, if diffe	rent)		90,4			
8.	Name and street address of Florida regis	tered agent: (P.O. B	ox <u>NOT</u> acc	eptable)		9	П		
	Name: CT Corporation S	ystem	_		E #	=	D		
Of	ffice Address: 1200 South Pine I	sland Rd	_		F STATE	AM 11: 29			
	Plantation	, Florida	33324						
	(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.

Kathyn A While And Secutary
(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.

A. DIRECTOR'S Krzysztof Trembecki Name: Martin Larose □ Chairman ☐ Chairman Address: 1000 Industriel Blvd 1000 Industriel Blvd ☐Vice Chairman Address: ☐Vice Chairman Saint-Eustache, Quebec Saint-Eustache, Quebec □ Director -□ Director Canada J7R 5A5 Canada J7R 5A5 □ President **ElPresident** ☐ Vice President □Vice President ☐ Treasurer Treasurer Socretary □ Secretary Other □Other_____ ☐ Other ☐ Other _____ ☐ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: Director ☐ Director □ President ☐ President ☐ Vice President ☐Vice President □ Socretary ☐ Treasurer ☐ Treasurer ☐ Secretary Other _____ COther _____ ☐ Other Other Name: Chairman □Chairman □Vice Chairman Address: □Vice Chairman Address: Director ☐ Director □ President President ☐Vice President ☐ Vice President ☐Treasurer ☐ Treasurer ☐ Secretary □ Secretary --Other __ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexect individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Krzysztof Trembecki, Secretary

(Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NOVA BUS (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 JULY, A.D. 2021.



Authentication: 203656364

Date: 07-13-21