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(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:					
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July 20, 2021

STUART TODD MOLLERUP 7687 CHARLESTON WAY PT ST LUCIE, FL 34986

SUBJECT: MOLLERUP FAMILY OFFICE INC.

Ref. Number: W21000102542

We have received your document for MOLLERUP FAMILY OFFICE INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Letter Number: 921A00016675

Tracy L Lemieux Regulatory Specialist II

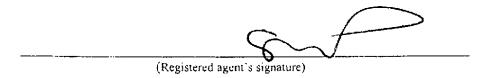
www.sunbiz.org

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.	Mollerup Family Office Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
		orp," "Inc," "Co," or "Corp.")	,			
	(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacti	ng business in Florida)		
2.	State of Illinois	2				
<u>.</u>	(State or country under the law of which it is incorporated)		(FEI number, if a	(FEI number, if applicable)		
4.		5				
	(Date of incorporation) 5.		(Date of duration, if other	(Date of duration, if other than perpetual)		
6.	N/A					
			in Florida, if prior to registration) 1502, F.S., to determine penalty liabi	lity) .		
7	7687 Ch	arleston Way Port St Lucie, FL 34986				
· ·-		(Principal of	fice street address)			
				202 Se		
•		(Current mail	ing address, if different)			
8.	Name and <u>stree</u>	et address of Florida registered agent: (P.	O. Box NOT acceptable)			
	Name:	Stuart Todd Mollerup		AH I		
Office Address:		7687 Charleston Way	-	TALS STAT 11: #8		
		Port St. Lucie	. Florida 34986	m w		
		(City)	(Zip code)			

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.

A. DIRECTORS Sniart Todd Mollerup Chairman □Chairman Name: 7687 Charleston Way ☐ Vice Chairman Address: □Vice Chairman Address: Port St. Lucie, FL 34986 □Director □ Director President President | ■ Vice President ☐ Vice President Secretary ☐ Treasurer ☐ Secretary Treasurer Other _____ □Other _____ □Other _____ □Other ______ L.I Chairman Name: _____ □Chairman Name: _____ E:Vice Chairman Address: □ Vice Chairman Address: □ Director _____ Director President ☐ President □Vice President ☐ Vice President ☐ Secretary Treasurer ☐ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ Other ____ ⊞Chairman Name: □ Chairman Name: □Vice Chairman Address: Address: ☐ Vice Chairman □ Director □Director □ President President | □ Vice President □Vice President □ Secretary []Treasurer C Secretary □Treasurer □Other ____ □Other ____ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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. Stuart Todd Mollerup

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

File Number

7329-879-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

MOLLERUP FAMILY OFFICE INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 25, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of JULY A.D. 2021 .

Authentication #: 2118802768 verifiable until 07/07/2022 Authenticate at http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE