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S. FRANKLIN MAR 2 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 551949 AUTHORIZATION COST LIMIT : \$ 70.00 ORDER DATE: March 15, 2022 ORDER TIME : 8:18 AM ORDER NO. : 551949-010 CUSTOMER NO: 7548888 FOREIGN FILINGS NAME: AGORO CARBON ALLIANCE US, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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 c	orporation; must include "IN orp," "Inc," "Co," or "Corp."	CORPORATED," "()	COMPANY," "C	ORPORA	TION,"		
(If name unavail	able in Florida, enter alternat	•			-		lorida)
(State or country under the law of which it is incorporated) 3.		7-1205506 (Fb					
(State or counti	ry under the law of which it i	s incorporated)	(Fb	I number	, if applicab	le)	
May 27, 2021							
(Date	e of incorporation)		(Date of du	ration, if o	other than pe	rpetual)	
					·		
	(Date first trai	nsacted business in Fl	orida, if prior to re	egistration	i)		
							F 3
		507.1501 & 607.1502,		•	•		201
i00 N. Tampa St	•	`ampa,	FL	US ———	32602	3.	022 1
i00 N. Tampa St			FL	•	•	<u> </u>	022 HAR
100 N. Tampa St		Campa, (Principal office s	FL street address)	US	•		022 HAR 18
100 N. Tampa St		`ampa,	FL street address)	US	•		2022 HAR 18 P
100 N. Tampa St		Campa, (Principal office s	FL street address)	US	•	<u> </u>	P.
		(Principal office of (Current mailing a	FL street address) ddress, if different	US t)	•	3	PH 5:
Name and stre	rect, Suite 3200, 1	(Principal office of Current mailing a tered agent: (P.O. E	FL street address) ddress, if different	US t)	•		PH 5: 0
Name and stre	et address of Florida regist Corporation Service Com	(Principal office of Current mailing a tered agent: (P.O. E	FL street address) ddress, if different	US t)	•		PH 5: 0
Name and stree	et address of Florida regist	(Principal office of Current mailing a tered agent: (P.O. E	FL street address) ddress, if different	US t)	•		PH 5: 0
Name and stre	et address of Florida regist Corporation Service Com 1201 Hays Street	(Principal office of Current mailing a tered agent: (P.O. E	FL street address) ddress, if different Box NOT accept	US t)	•		PH 5:

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.

Corporation Service Company

By: Weight assistant va president

(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. DIRECTORS Anastasia Pavlovic □ Chairman □ Chairman 100 N. Tampa Street, Suite 3200 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Tampa, FL 32602 ☐ Director ■ Director □President President □ Vice President □Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other ______ □Other _____ □ Other ______ Name: Vidar Bankerod-Gardsvoll □Chairman □Chairman Name: 100 N. Tampa Street, Suite 3200 Address: □Vice Chairman ☐ Vice Chairman Address: _____ Tampa, FL 32602 Director Director □ President □ President DVice President ☐ Vice President **■**Treasurer □ Secretary ☐ Treasurer ■ Secretary □Other ___ Other Other ____ Other ___ Sally T. Woodward ☐ Chairman □ Chairman 4301 W Boy Scout Blvd, Suite: ☐ Vice Chainnan Address: ☐Vice Chainnan Address: _ Tampa, FL 32607 ☐ Director □ Director □ President ☐ President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer Assistant Secretar 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. 2. Moodurad Signature of Director or Officer The officer or director signing this document (and who is listed in number 1! 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. Sally T. Woodward, Assistant Secretary

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGORO CARBON ALLIANCE 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 SEVENTEENTH DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGORO CARBON ALLIANCE US, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2021.

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

Authentication: 202944954

Date: 03-17-22

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