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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

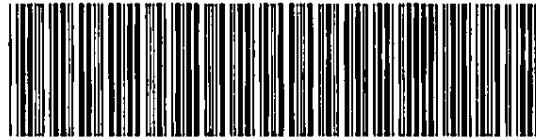
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX
APR 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LVL Technologies USA, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert E. Sharbaugh, Esquire - Registered Agent

Name of Person

Law Office of Robert E. Sharbaugh, P.A.

Firm/Company

700 Central Avenue, Suite 402

Address

St. Petersburg, FL 33701

City/State and Zip code

serverobert@sharbaughlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E. Sharbaugh

at (727) 898-3000

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified 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. LVL Technologies USA, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 88-1055174
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/04/2022 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 360 Central Avenue, Suite 800, St. Petersburg, FL 33701
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert E. Sharbaugh, Esquire

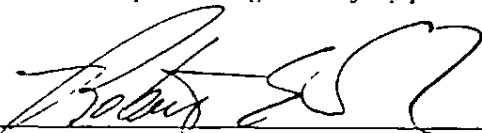
Office Address: 700 Central Avenue, Suite 402

St. Petersburg, Florida 33701
(City) (Zip code)

FILED
2022 MAR 24 AM 10:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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.


(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Raoul von Leuder
☐ Vice Chairman Address: c/o Robert E. Sharbaugh, Esq.
☐ Director Law Office of Robert E. Sharbaugh, P.A.
☒ President 700 Central Avenue, Suite 402
☐ Vice President St. Petersburg, FL 33701
☐ Secretary ☒ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Prof Wolf. M. Nietzer
☐ Vice Chairman Address: c/o Robert E. Sharbaugh, Esq.
☐ Director Law Office of Robert E. Sharbaugh, P.A.
☐ President 700 Central Avenue, Suite 402
☐ Vice President St. Petersburg, FL 33701
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

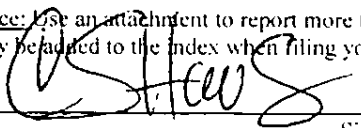
☐ Chairman Name: Martin von Lueder
☐ Vice Chairman Address: c/o Robert E. Sharbaugh, Esq.
☒ Director Law Office of Robert E. Sharbaugh, P.A.
☐ President 700 Central Avenue, Suite 402
☐ Vice President St. Petersburg, FL 33701
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Carl Severinghaus
☐ Vice Chairman Address: 4953 - 62nd Avenue South
☒ Director St. Petersburg, FL 33715
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark de Jong
☐ Vice Chairman Address: c/o Robert E. Sharbaugh, Esq.
☒ Director Law Office of Robert E. Sharbaugh, P.A.
☐ President 700 Central Avenue, Suite 402
☐ Vice President St. Petersburg, FL 33701
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. 
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. Carl Severinghaus, Director
(Typed or printed name and capacity of person signing application)

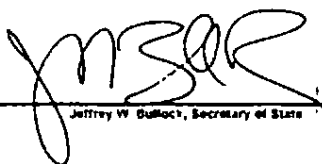
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF INCORPORATION OF "LVL TECHNOLOGIES
USA, INC.", FILED IN THIS OFFICE ON THE FOURTH DAY OF MARCH,
A.D. 2022, AT 10:59 O'CLOCK A.M.




Jeffrey W. Bullock, Secretary of State

6654693 8100
SR# 20220882604

Authentication: 202839014
Date: 03-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF INCORPORATION
A STOCK CORPORATION

The undersigned Incorporator, desiring to form a corporation under pursuant to the General Corporation Law of the State of Delaware, hereby certifies as follows:

1. The name of the Corporation is LVL technologies USA, Inc.
2. The Registered Office of the corporation in the State of Delaware is located at 251 Little Falls Drive (street), in the City of Wilmington, County of New Castle Zip Code 19808. The name of the Registered Agent at such address upon whom process against this corporation may be served is Corporation Service Company
3. The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.
4. The total amount of stock this corporation is authorized to issue is one hundred (100) shares (number of authorized shares) with a par value of \$0.00 per share.
5. The name and mailing address of the incorporator are as follows:
Name Prof. Wolf Michael Nietzer
Mailing Address Im Zukunftspark 10, Heilbronn, Germany Zip Code 74076

By: 

Incorporator

Name: Prof. Wolf Michael Nietzer

Print or Type