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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Pusiness Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Account#: I20000000088

| Date: | 07/14/2022 | | | | |
|--------------------------|-------------------------------|-----------------------------------|--|--|--|
| Name: | Greg Pintacuda | | | | |
| Reference # | 1739975 | | | | |
| | e:FIN | IHARVEST INC. | | | |
| | es of Incorporation/Authoriza | | | | |
| Ame | ndment | | | | |
| ☐ Char | ☐ Change of Agent | | | | |
| Reinstatement | | | | | |
| Conv | ☐ Conversion | | | | |
| ☐ Merger | | | | | |
| ☐ Dissolution/Withdrawal | | | | | |
| ☐ Fictit | ious Name | | | | |
| ✓ Othe | rPlease pr | ovide certified copy after filing | | | |
| | | | | | |
| Authorized / | Amount: \$78.75 | | | | |
| Signature: _ | 48// | | | | |

COVER LETTER

| TO: | Registration Se Division of Co | | | | |
|---|---------------------------------------|------------------------------------|--|--|--|
| SUB. | SUBJECT: FinnHarvest Inc. | | | | |
| (/ODI | , ECT | Name | of corporation | must include suffix | |
| Dear | Sir or Madam: | | | | |
| "Certi | ficate of Existence | | e of Good Stand | ling" and check are su | act Business in Florida," bmitted to register the |
| Please | return all corresp | ondence concerr | ing this matter | o the following: | |
| | | | Marisa Wil | liams | |
| | · | | Name of P | erson | |
| | | Sul | llivan & Worc | ester LLP | |
| | · · · · · · · · · · · · · · · · · · · | | Firm/Comp | any | |
| | | 0 | ne Post Offic | e Square | |
| | | | Addres | S | |
| | | | Boston, MA | 02109 | |
| | | | City/State and | l Zip code | |
| <u> </u> | | | lliams@sulliv | | |
| | | E-mail address | s: (to be used fo | r future annual report | notification) |
| For fu | rther information | concerning this n | natter, please ca | II: | |
| | Marisa Wil | liams | at (617 | 338 2 | 485 |
| | Name of Person | 11 | Area Code | Daytime Telep | hone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | S: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclos | ed is a check for (| the following amo | ount: | | |
| CI \$70 | 0.00 Filing Fee | □ \$78.75 Filing Certificate of | • | \$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 | Finnt | Harvest | Inc. | |
|--|--|------------|---|---------------------|
| | orporation; must include "INCORPORA orp." "Inc." "Co." or "Corp.") | TED," "C | "OMPANY," "CORPORATION," | |
| (If name unavaila | able in Florida, enter alternate corporate | name adoj | pted for the purpose of transacting bu | isiness in Florida) |
| 2. | Delaware | 3. | | |
| (State or country under the law of which it is incorporated) | | (b) | (FEI number, if application | able) |
| 4 | June 13, 2022 | 5 | | |
| (Date | (Date of incorporation) 5. (Date of duration, if other than perpetual) | | perpetual) | |
| 5 | Upon | qualifica | ation | |
| | (SEE SECTIONS 607.1501 & 6 | 607.1502. | orida, if prior to registration) F.S., to determine penalty liability) | 2022 JUL |
| 7 | 1633 Broadway, 32 F | | . | |
| | (i ¹ | rincipal o | ffice address) | 5 . 5 |
| | (Current | mailing ad | ddress, if different) | PH 4: 47 |
| 3. Name and stree | <u>t address</u> of Florida registered agent: | (P.O. B | ox <u>NOT</u> acceptable) | in in |
| Name: | COGENCY GLOBAL IN | IC. | - | 777 |
| Office Address: | 115 North Calhoun Street, S | Suite 4 | _ | |
| | Tallahassee | | , Florida32301 | |
| | (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.

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. Names and business addresses of officers and/or directors:

| A. DIRECTORS | |
|---|---|
| Chairman: | Esa Piironen |
| Address: | Sahakatu 1 |
| | 70800 Kuopio, Finland |
| Vice Chairman: | Eino Piironen |
| Address: | Sahakatu 1 |
| | 70800 Kuopio, Finland |
| Director: | Jussi Koljonen |
| Address: | Sahakatu 1 |
| Address | 70800 Kuopio, Finland |
| Director: | Sirkku Saarelainen |
| Address: | Sahakatu 1 |
| Additss | 70800 Kuopio, Finland |
| B. OFFICERS | |
| President: | Esa Piironen |
| Address: | Sahakatu 1 |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 70800 Kuopio, Finland |
| Vice President: | Jussi Koljonen |
| Address: | Sahakatu 1 |
| | 70800 Kuopio, Finland |
| Secretary: | Sirkku Saarelainen |
| Address: | Sahakatu 1, 70800 Kuopio, Finland |
| Treasurer: | Sirkku Saarelainen (CFO) |
| Address: | Sahakatu 1, 70800 Kuopio, Finland |
| | may attach an addendum to the application listing additional officers and/or directors. |
| 12 Fine Puro m | |
| The officer or director sign are true and that he or she is | Signature of Director or Officer ing this document (and who is listed in number 11 above) affirms that the facts stated herein s aware that false information submitted in a document to the Department of State constitutes wided for in s.817.155, F.S. |
| 13. | Eino Piironen, Executive Vice President |
| (T) | yped or printed name and capacity of person signing application) |

FinnHarvest Inc. Attachment to Application for Authorization to <u>Transact Business in Florida</u>

Item 11.B. Officers

Executive Vice President: Eino Piironen Address: Sahakatu 1

70800 Kuopio, Finland



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

DELAWARE, DO HEREBY CERTIFY "FINNHARVEST 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 FOURTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINNHARVEST INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 203920601

Date: 07-14-22