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| (Requestor's Name) (Address) (Address) | 200399345992 |
| (City/State/Zip/Phone #) | 12/27/2201007026 **70.00 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | FILEU 1322 DEC 27 PH 4: ALLANDES : HUB |
| Special Instructions to Filing Officer: | р ресетуер 4:40 2022 DEC 27 РМ 2:56 1 0900, тацианабзее/ Рираф |
| Office Use Only | K. SALY DEU 28 2022 |

| | Ċ | ORPORATE ACCESS, | When you need ACCESS to the world |
|--------------|--|---------------------|-----------------------------------|
| | INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 | | |
| | | | WALK IN |
| | | | PICK UP: <u>MISTY 12/27</u> |
| | | CERTIFIE | р сору |
| | XX | рнотосо | ФҮ |
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| | XX | FILING | FOREIGN INC |
| 1. | | BLAFUGL EI | HF., INC. E AND DOCUMENT #) |
| 2. | | (CORPORATE NAM | E AND DOCUMENT #) |
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Blafugl ehf, 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:

| Martin T. Schrier, Esq. | |
|--|--|
| Nar | me of Person |
| Cozen O'Connor | |
| Firn | n/Company |
| 200 S Biscayne Blvd., Suite 3000 | |
| | Address |
| Miami, FL 33131 | |
| City/S | State and Zip code |
| mromero@cozen.com | |
| E-mail address: (to be | used for future annual report notification) |
| For further information concerning this matter, pl | ease call: |
| Marsha Romero 786 | 871-3924 |
| Name of Person Area | a Code Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| The Centre of Tallahassee | P.O. Box 6327 |
| 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | Tailahassee, FL 32314 |
| Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM | MENT OF STATE |
| □ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status | 🗇 \$78.75 Filing Fee & 🛛 \$87.50 Filing Fee, |
| | |
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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.

| poration; must include "INCORPORATED," " p." "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | _ |
|--|--|--|
| | | |
| | · · · · |) |
| 3. | | _ |
| under the law of which it is incorporated) | (FEI number, if applicable) | |
| 5 | | |
| of incorporation) | (Date of duration, if other than perpetual) | _ |
| 22 | | |
| (Date first transacted business in Fl. (SEE SECTIONS 607.1501 & 607.1502, | orida, if prior to registration) , F.S., to determine penalty liability) | - |
| Kopavogur, Iceland | | |
| | street address) | |
| Kopavogur, Iceland | | i i |
| (Current mailing ad | ddress, if different) | |
| | | |
| address of Florida registered agent: (P.O. B | Sox NOT acceptable) | |
| Martin T. Schrier, Esq. | | |
| 200 S. Biscayne Blvd., Suite 3000 | | |
| Miami | | |
| (City) | (Zip code) | |
| | poration; must include "INCORPORATED," " " poration; must include "INCORPORATED," " " por "Inc," "Co," or "Corp.") ble in Florida, enter alternate corporate name add | poration; must include "INCORPORATED," "COMPANY," "CORPORATION," ""Inc," "Co," or "Corp.") ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, a. 98-1552406 under the law of which it is incorporated) 5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Kopavogur, Iceland (Principal office <u>street</u> address) Kopavogur, Iceland (Current mailing address, if different) address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Martin T. Schrier, Esq. 200 S. Biscayne Blvd., Suite 3000 Miami, Florida <u>33131</u> |

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.

| E C |
|--------------------------------|
| (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 | 5 | | | |
|------------------------|--------------------------|-----------------|--------------------------|--------|
| ⊐Chairman | Name: | Chairman | Name: | |
| □Vice Chairman | Urdarhvarf 6 Address: | □Vice Chairman | Urdarhvarf 6 Address: | |
| Director | 208 Kopavogar, leefand | Director | 203 Kopavogar, Iceland | |
| □President | | President | | |
| □Vice President | | □Vice President | | |
| Secretary | Treasurer | □Secretary | ⊡Treasurer | |
| ■Other | Other | Commerc | cial DirecOther | |
| | Jūratė Radvilavičiūtė | Chairman | Name: | |
| ⊡Vice Chairman | Urdarhvarf 6 Address: | □Vice Chairman | Address: | |
| Director | 203 Kopavogar, Iceland | Director | T Rep T | |
| ⊡President | | | C T | |
| ⊡Vice President | | □Vice President | | ر م |
| Secretary | Treasurer | Secretary | | |
| Head of I Head of I | Lega Other | Other | □Treasurer □Other | |
| □Chairman | Name: | Chairman | Name: | |
| ∃Vice Chairman | Address: | □Vice Chairman | Address: | |
| Director | | | | |
| President | | President | | |
| □Vice President | | □Vice President | | |
| ∋Secretary | □ Treasurer | Secretary | □ Treasurer | |
| DOther | ①Other | Other | []Other | |
| | | | | |

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12. ____

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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 ysted 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 documentation the Department of State constitutes a third degree felony as provided for in ovided for in s.817.155, F.S. B. Audrone K

| raise in | formation submitted in a documplized the Department of State constitutes a third degree felony as pro |
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| einyte | $\bigcap M_{i}$ |
| | (Typed or printed name and gapacity of person signing application) |
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| | |



- Register of Enterprises -Tryggvagótu 19, 101 Reykjavík, Iceland - Tel: +354 442-1250

Certificate of Registration

Bláfugl ehf. (Bluebird Ltd) Postal Address: Urðarhvarf 6 203 Kópavogur ID-nr: 460899-2229

Domicile: Urðarhvarf 6 203 Kópavogur

Issued: 9.12.2022

Date of Articles of Association: 22.9.2020

Company's Board of Directors according to a meeting on: 4.4.2022:040979-3529Audroné Keinyté, Litháen, Director231278-4279Gabor Sandor Tiba, Ótilgreindu, 200 Kópavogur, Reserve Director

Management: 040979-3529

Audroné Keinyté, Litháen

Power of Procuration:

Auditors: 590975-0449

-0449 KPMG ehf., Borgartúni 27, 105 Reykjavík

Share capital: USD 2.875.273

Signatures: Director

Restrictions on the handling of shares: Yes

Liability for redemption of shares: No

Activity code: 51.21.0 Freight air transport

Form of operation: Private limited company



