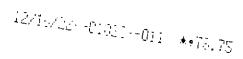
72300000065

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

Office Use Only



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S. FRANKLIN

JAN - 5 2023

COVER LETTER

| | istration Section sion of Corporations | | | |
|----------------------------|--|--|--|--|
| SUBJECT | Angelwax. Inc. | | | |
| | Name | of corporation | must include suffix | |
| Dear Sir or N | vladam: | | | |
| "Certificate | d "Application by Foreign C of Existence," or "Certificate nced foreign corporation to t | e of Good Stand | ing" and check are subi | |
| Please return | all correspondence concern | ing this matter | o the following: | |
| Abby Riegler | | | | |
| | | Name of P | erson | |
| Thorelli & As | ssociates | | | 5.5.3 |
| | | Firm/Comp | pany | |
| 70 W. Madiso | on St., Suite 5750 | | | 0 5237 |
| | - | Addre | is | 3) |
| Chicago, IL 6 | 50602 | | | P:1 |
| | | City/State an | d Zip code | P11 4: 07 |
| abby@thorell | i.com | | | |
| | E-mail addres | s: (to be used fo | r future annual report n | otification) |
| For further i | nformation concerning this r | natter, please ca | II: | |
| Abby Riegler | | at (| 357-0300 | |
| Nar | ne of Person | Area Code | Daytime Teleph | none Number |
| Reg Divi The 241: | REET/COURIER ADDRES istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 81 ahassee, FL 32303 | | MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee, F | ection orporations |
| | a check for the following am check payable to: FLORIDA D iling Fee | EPARTMENT of the second | OF STATE \$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.

| Angelwax, Inc. | | | | |
|--|--|---|--|--|
| (Enter name of o | corporation; must include "INCORPORATED," " Corp," "Inc," "Co," or "Corp,") | COMPANY," "CORPORATION," | | |
| (If name unavail | able in Florida, enter alternate corporate name add | pted for the purpose of transacting business in Florida | | |
| Delaware | 3. | | | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 408/30/2021 | 5 | | | |
| (Date of incorporation) | | (Date of duration, if other than perpetual) | | |
| 6 | | | | |
| | (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 | | | |
| 7. Madison S | | F.S., to determine penalty liability) street address) | | |
| 7 | (SEE SECTIONS 607.1501 & 607.1502 St., Suite 5750, Chicago, IL 60602 (Principal office) | F.S., to determine penalty liability) street address) | | |
| | (SEE SECTIONS 607.1501 & 607.1502 St., Suite 5750, Chicago, IL 60602 (Principal office) | F.S., to determine penalty liability) street address) | | |
| | (SEE SECTIONS 607.1501 & 607.1502 St., Suite 5750, Chicago, IL 60602 (Principal office) | street address) ddress. if different) Box NOT acceptable) | | |
| 8. Name and <u>stre</u> Name: | (SEE SECTIONS 607.1501 & 607.1502 St., Suite 5750, Chicago, IL 60602 (Principal office of Current mailing a gent of Florida registered agent (P.O. E | F.S., to determine penalty liability) street address) | | |
| 8. Name and stre | (SEE SECTIONS 607.1501 & 607.1502 St., Suite 5750, Chicago, IL 60602 (Principal office) (Current mailing a et address of Florida registered agent: (P.O. E Corporation Service Company 1201 Hays Street | street address) ddress. if different) Box NOT acceptable) | | |

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.

Melissa Clarke, Melissa Clarke, Asst. V.P.
(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 | | | | | | |
|--|------------------------------|-------------------|-----------------------------|--|--|--|
| □Chairman | Name: | □ Chairman | Name: Thomas H. Thorelli | | | |
| □Vice Chairman | Address: Rubenslaan 193 | ☐ Vice Chairman | Address: 70 W. Madison St. | | | |
| ■Director | Bergschen Hoek 2661RW | □Director | Suite 5750 | | | |
| ■ President | The Netherlands | Chicago, IL 60602 | | | | |
| □Vice President | | □Vice President | | | | |
| □Secretary | □Treasurer | ■ Secretary | □Treasurer | | | |
| □Other | | □Other | □Other | | | |
| □ Chairman | Misty Kerr | □Chairman | Name: | | | |
| □Vice Chairman | 9 Douglas St | □ Vice Chairman | Address: 22 Aubery Crescent | | | |
| | Largs KA30 8PS | | Largs, KA30 8PR | | | |
| Director | United Kingdom | Director | United Kingdom | | | |
| □President | | □President | | | | |
| □Vice President | | ☐ Vice President | | | | |
| □Secretary | ■ Treasurer | ☐ Secretary | ☐ Treasurer: | | | |
| □Other | Other | Other | Other | | | |
| □Chairman | John Hogg Name: | □ Chairman | Name: Matthew Yates P | | | |
| □Vice Chairman | Address: 30 Nethergreen Wynd | □ Vice Chairman | Address: 2 Sandend Place | | | |
| ■Director | Renfrew, PA4 8HS | Director | Inverkip, PA16 0HU | | | |
| □President | United Kingdom | □President | United Kingdom | | | |
| □Vice President | | □Vice President | | | | |
| ☐ Secretary | □Treasurer | □ 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. 12. Signature of Director or Officer | | | | | | |
| V | | | | | | |

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. Thomas H. Thorelli - Secretary

Additional Director of Angelwax, Inc.

Jurian Westhuis - Director

Address: Jacques Duthilweg 623, 3065JH, Rotterdam, The Netherlands

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ANGELWAX, 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 EIGHTH DAY OF DECEMBER, A.D. 2022.

0:41 19 91 P. P. P. D.

Authentication: 205049521

Date: 12-08-22

6204622 8300 SR# 20224215889