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COVER LETTER

	egistration Section ivision of Corporations					
SUBJE	CT: Normet Americas, Inc. Reg	gistration				
000012		e of corporation	- must include suffix			
Dear Sir	or Madam:					
"Certific	osed "Application by Foreign of ate of Existence," or "Certificate ferenced foreign corporation to	ite of Good Stand	ling" and check are sub-			
Please re	turn all correspondence concer	rning this matter	to the following:			
Irina Sto	ddard					
-		Name of F	erson			
Normet A	Americas, Inc.					
		Firm/Comp	pany			
1414 S G	ladiola Street, Suite 100					
		Addre	SS	·		
Salt Lake	: City, UT 84047					
	··-	City/State an	d Zip code			
irina.stod	dard@normet.com					
	E-mail addre	ess: (to be used fo	or future annual report no	otification)		
For fu rt h	er information concerning this	matter, please ca	di:			
Irina Stoddard		at (de Daytime Telephone Number			
	Name of Person	Area Code	Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
Please ma	l is a check for the following ar tke check payable to: FLORIDA 0 Filing Fee	DEPARTMENT:	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.

(State or country under the law of which it is incorporated) 14/11/2007 5. (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) We don't have sales but we hired a remote Floridian employee in 2023. We need to be registered to register his truck/PR. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1414 S Gladiola Street, Suite 100, UT, 84047 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company					
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Indeed of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) We don't have sales but we hired a remote Floridian employee in 2023. We need to be registered to register his truck/PR. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) [Principal office street address] (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company [Ice Address: Tallahassee Florida (City) Registered agent's acceptance:	(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transac	ting business in	n Florida)
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) We don't have sales but we hired a remote Floridian employee in 2023. We need to be registered to register his truck/PR. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1414 S Gladiola Street, Suite 100, UT, 84047 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Florida 1201 Hays Street Tallahassee Florida (City) Registered agent's acceptance:	Delaware	3			
(Date first transacted business in Florida, if prior to registered to register his track/PR. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) [Principal office street address] (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: [Corporation Service Company] [Tice Address: [Tallahassee] [City] [City]	(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)	
(Date first transacted business in Florida, if prior to registered to register his track/PR. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) [Principal office street address] (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: [Corporation Service Company] [Tice Address: [Tallahassee] [City] [City]	14/11/2007	5.			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1414 S Gladiola Street, Suite 100, UT, 84047 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee Florida (City) Registered agent's acceptance:	(Date	of incorporation)	(Date of duration, if other	r than perpetu	al)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1414 S Gladiola Street, Suite 100, UT, 84047 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee Florida (City) Registered agent's acceptance:	We don't have sa	ales but we hired a remote Fforidian employee in	2023. We need to be registered	to register his	tnick/PR.
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee (City) Registered agent's acceptance:		(Fillelpar Office	sirect address)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee (City) Registered agent's acceptance:		(Current mailing	address if different)		
Name: Corporation Service Company Tallahassee		,Β	,		
Flice Address: Tallahassee	Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	, ·	
Flice Address: Tallahassee		Corporation Service Company		\	
Tallahassee , Florida 32301 (City) (Zip code)	Name				
Registered agent's acceptance:		1201 Have Street	_		
Registered agent's acceptance:		1201 Hays Street	_		
			— . Florida ³²³⁰¹		
			, Florida 32301 (Zip code)		3
	ffice Address:	Tallahassee (City)	, Florida 32301 (Zip code)		3
	ffice Address: Registered age aving been name	Tallahassee (City) ent's acceptance:	of process for the above state		on at the
	fice Address: Registered age aving been name signated in this orther agree to continue the continue to the co	Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes rela	of process for the above stat nt as registered agent and ag ntive to the proper and compl	ree to act in t	on at they
rther agree to comply with the provisions of all statutes relative to the proper and complete performance of my ad I am familiar with and accept the obligations of my position as registered agent.	ffice Address: Registered age aving been name is this in this in the care to contain	Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment comply with the provisions of all statutes rela	of process for the above stat nt as registered agent and ag ntive to the proper and compl	ree to act in t	on at they
	Registered age aving been name signated in this orther agree to co	Tallahassee (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rela with and accept the obligations of my posit	of process for the above stat nt as registered agent and ag ntive to the proper and compl	ree to act in t	on at they

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

A. DIRECTORS Name: _____ Name: □Chairman ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: Eduardo Santamaria Kimmo Karthtala ■ Director ■ Director Jean-Guy Coulombe President □President Irina Stoddard Erik Hopperton ■ Vice President ■ Vice President ■ Secretary Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other ____ □Other _____ □ Chairman Name: _____ □ Chairman Name: ______ Address: ____ □Vice Chairman □ Vice Chairman Address: _____ Riku Helander Jean-Guy Coulombe Director ■ Director □ President □ President Peter Dodsworth ■ Vice President □Vice President □ Secretary □Treasurer □ Secretary ☐Treasurer □Other _____ ☐Other _____ □Other _____ □Other Name: _____ □ Chairman Name: ____ □ Chairman □ Vice Chairman Address: □Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President □Vice President □ Secretary □ Secretary ☐ Treasurer ☐ 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 tiling your Florida Department of State Annual Report form.

, Totalland

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.

Irina Stoddard, Vice-President/ Controller





Page 1

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

DELAWARE, DO HEREBY CERTIFY "NORMET AMERICAS, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D.

2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORMET AMERICAS, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2007.

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

Authentication: 204221823

Date: 09-22-23

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