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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Nordictan Inc.			
como		of corporation	- must include suffix	<u></u>
Dear S	ir or Madam:			
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ling" and check are sub	
Please	return all correspondence concerni	ng this matter	to the following:	
Dorthe	Wright			
		Name of I	Person	
Marter	isen Wright PC			
_		Firm/Comp	pany	
1 Capi	tol Mall, Ste 670			
		Addre	SS	
Sacran	nento, CA 95814			
	· · · · · · · · · · · · · · · · · · ·	City/State an	d Zip code	
dm@u	sa-eurolaw.com			
	E-mail address	: (to be used fo	or future annual report r	notification)
For fur	ther information concerning this m	atter, please ca	ill:	
Dorthe	Wright	916 at (_) <u>448-9088</u> 	
	Name of Person	Area Code	Daytime Telepl	hone Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please i	ed is a check for the following amo make check payable to: FLORIDA DE .00 Filing Fee	PARTMENT g Fee &	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.

Nordictan Inc.				
(Enter name of co	rporation; must include "INCORPORATED," " rp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	",ИС	
(If name unavaila	ble in Florida, enter alternate corporate name ad-	upled for the purpose of transac	ting business in Florida)	
Delaware3		92-2174801		
(State or country	3. / under the law of which it is incorporated)	(FEI number, if	applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)		bility)	
23548 Calabasas	Road, Suite 205, Calabasas, CA 91302			
	(Principal office	street address)		
1 Capitol Mall, S	uite 670, Sacramento, CA 95814			
	(Current mailing	address, if different)		
. Name and stree	at address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Corporation Service Company		202 S.S.	
	1201 Hays Street			
office Address:			FILED 2023 OCT 27 PH 3: 5555 / 1885 555 51	
	Tallahassec	, Florida		
	(City)	(Zip code)		
Registered age	ent's acceptance:		• •	
laving been name esignated in this arther agree to c	end as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes received and accept the obligations of my posi-	ent as registered agent and c lative to the proper and com	agree to act in this capacity.	
	Dann M			
	(Registered agent's sig	nature) Dawn McDevitt, Asst. S	secretary	

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	Mads M.Q. Jaegerum Name:	□Chairman	Name: Edward J. Wright, Jr.				
□Vice Chairman	Address: 23548 Calabasas Road, Stc.205	□Vice Chairman	Address: 1 Capitol Mali, Ste. 670				
□Director	Calabasas, CA 91302	□Director	Sacramento, CA 95814				
President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	Secretary	□Treasurer				
Other	Other	□Other	☐ Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director		□Director					
□President		□President	· · · · · · · · · · · · · · · · · · ·				
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other					
	NI.		v				
□ Chairman	Name:	□Chairman —	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□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.							
	Silmature 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.

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NORDICTAN 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-FOURTH DAY OF OCTOBER, A.D. 2023.



Authentication: 204442073

Date: 10-24-23