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COVER LETTER

TO: Registration Se Division of Con					
SUBJECT: SCADA	International Inc.				
	Name of corporation	n - must include suffix			
Dear Sir or Madam:					
"Certificate of Existence	tion by Foreign Corporation for te," or "Certificate of Good Stat gn corporation to transact busing	nding" and check are subi			
Please return all corresp	pondence concerning this matte	r to the following:			
Amanda Clark					
,	Name of	Person			
Martensen Wright PC					
	Firm/Cor	npany			
One Capitol Mall, Suite (570				
	Addı	ess	·		
Sacramento, CA 95814					
	City/State	and Zip code			
ac@usa-eurolaw.com					
	E-mail address: (to be used	for future annual report n	otification)		
For further information	concerning this matter, please	call:			
Amanda Clark	916 at (448-9088			
Name of Perso		de 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		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for Please make check payab ☐ \$70.00 Filing Fee	le to: FLORIDA DEPARTMEN	T OF STATE ■ \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavail	able in Florida, enter alternate corporate name ac	, , , ,	usiness in Florida)		
Oregon	3	5-3829624 (FUL number if applicable)			
`	y under the law of which it is memporated)	(FEI number, if applic	able)		
November 16, 2	5.	(Date of duration, if other than			
(Date of incorporation)		(Date of duration, if other than	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150				
319 SW Washing	gton St., Suite 1000, Portland, OR 97204				
	(Principal offic	e <u>street</u> address)			
c/o Martensen W	right PC, One Capitol Mall, Suite 670, Sacrame	nto, CA 95814			
	(Current mailing	address, if different)			
		Box NOT acceptable)	9 2		
Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	<u> </u>	023 DEC		
Name:			2023 DEC -4		
Name:	Corporation Service Company 1201 Hays Street Tallahassee	, Florida			
Name:	Corporation Service Company 1201 Hays Street	, Florida 32301 (Zip code)			
Name: Flice Address: Registered ag aving been nan signated in this rther agree to c	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes red	(Zip code) e of process for the above stated co ent as registered agent and agree to lative to the proper and complete p	orporation at the		
Name: ffice Address: Registered ag aving been nan esignated in this rther agree to co	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes red	(Zip code) e of process for the above stated co ent as registered agent and agree to lative to the proper and complete p	orporation at the		
Name: Tice Address: Registered agaving been nan signated in this rther agree to c	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointment	(Zip code) e of process for the above stated co ent as registered agent and agree to lative to the proper and complete p	PH 7: 05c		
Name: ffice Address: Registered ag aving been nan esignated in this rther agree to co	Corporation Service Company 1201 Hays Street Tallahassee (City) ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes red	(Zip code) e of process for the above stated co ent as registered agent and agree t lative to the proper and complete p ition as registered agent.	PH 7: 05c		

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

under the law of which it is incorporated.

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

A. DIRECTORS ■Chairman □Vice Chairman □Director	Name: A.C. Illums Vej 4A Address: DK-8600 Silkeborg	□Chairman □Vice Chairman ■Director	Name: Allan Baadsgaard Monsted A.C. Hlums Vej 4A Address: DK-8600 Silkeborg	
■President	Denmark	□President	Denmark	
□Vice President		□Vice President		
□Sccretary	Treasurer	☐ Secretary		□Treasurer
Other	□(nher	□Other		Other
□Chairman □Vice Chairman □Director □President □Vice President ■Secretary	Name: Cone Capitol Mall, Suite 670 Address: Sacramento, CA 95814	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary	Address:	□Treasurer
□Other		□Secretary □Other		Other
□Director □President	Name:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Address:	
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individual may be	Jse an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of	nt of State Annual Re	port form.	rrposes only. Non-indexed

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.

Edward J. Wright, Jr., Corporate Secretary

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 1821776

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

SCADA INTERNATIONAL INC.

İS

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

OF OSEGON KNIESTON In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Lavonne Griffig-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 9/5/2023

