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DATE: 01/31/2024

NAME: VEM US INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT RUSINESS 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.

(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Legal Services, LLC 155 Office Plaza Drive, Suite A	Office Address: (Figure of secretary under the law of which it is incorporated name adopted for the purpose of transacting business in Florida) (Figure of unastering business in Florida) (Figure of unastering business in Florida) (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Registered Agents Legal Services, LLC Office Address: (City) Florida 12301 (Zip code)	GISTER A FOREIG	GN CORPORATION	_
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3. (FEI number, if applicable) 12/12/2022 5. (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 350 Fifth Avenue, #5220, New York, NY 10118 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Legal Services, LLC 155 Office Plaza Drive, Suite A	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 3. (Fill number, if applicable) 12/12/2022 5. (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 350 Fifth Avenue, #5220, New York, NY 10118 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Registered Agents Legal Services, LLC Office Address: Tallahassee (City) Florida (Zip code) Florida (Zip code)	VEM US Inc.	"COMPANY," "CORPORATION,"	
Delaware (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (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) (Current mailing address, if different) (Current mailing address)	State or country under the law of which it is incorporated) (FEI number, if applicable)	(Enter name of corporation," "Co.," "Corp.	oration; must include "INCORPORATION" ," "Inc." "Co." or "Corp.")	
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	Tallahassee Florida 32301 (Zip code)	Name:		
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(City) (Zip code)	(City) (Zip code)	Office Address:		i,
			(Zip code)	
Cuy	On the changed angular accontance.		(City)	-
Having been named as registered agent and to accept service of process for the agent and agree to act in this capacity				., <u>-</u>
Having been named as registered agent and to accept service of process for the above stated corporate designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my d and I am familiar with and accept the obligations of my position as registered agent.				1 1
Having been named as registered agent and to accept service of process for the annual agree to act in this capacity designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dand I am familiar with and accept the obligations of my position as registered agent.	further agree to comply with the provisions of an statutes retained to the provision as registered agent. and I am familiar with and accept the obligations of my position as registered agent.		Suntack or likely of begisted to	He Lugar S
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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

DChairman Name: Dr.	Joachim Koch	_ CChairman	Name: Dr. Torsten Kuntze
	00 Fifth Ave		Address: 350 Fifth Ave
	20,		Suite 5220,
	NY 10118	_ = President	New York, NY 10118
□Vice President			
□ Secretary	☐Treasurer	C.Secretary	— — — □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
DOther	Other	·	
□Chairman Name: Mrs X	Xianping Ding	L. Chairman	Name: Henry Roske
) Fifth Ave		Address: 350 Fifth Ave
	D,		Suite 5220,
ElPresident New York,			New York, NY 10118
TiVice President		ZVice President	
USecretary	□Treasurer		CT teasurer
ClOther	[[Other		
TiChairman Name: Neil P	Pinchuk	∏ Chairman	N
	enn Plaza		Name:
©Director Suite 830		EDirector	Address:
DPresident New York, N	NY 10001	EPresident	
Divice President		□Vice President	
DiSecretary	♥Treasurer	[] Secretary	2 Treasurer
DOther	COther	Other	
mportant Notice: Use an attachment ndividuals may be added to the inde	t to report more than six (6). These when filing your Florida Den	e attachment will be imaged f	for reporting purposes only. Non-indexed
12.		il	or form.

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 8.817.155, F.S.

13. Henry Roske - CEO and Secretary

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VEM US 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 THIRTIETH DAY OF JANUARY, A.D. 2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VEM US INC." WAS INCORPORATED ON THE TWELFTH DAY OF DECEMBER, A.D. 2022.

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

7184638 8300 SR# 20240292507

You may verify this certificate online at corp. celaware gov/authver.shtml

Services W. Busines Secretary of State

Authentication: 202700297

Date: 01-30-24