F24000002127

(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:					

Office Use Only



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APR 1 9 2024 K. Brumbley CSC - Tallahassee 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 04/18/24 Order #: 1487602-1

Re: Ride Awake USA Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

12000000195

Certificate_of Good Standing from State of Incorporation

AUTHERICATERO

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

	orporation; must include "INCORPORATI orp." "Inc," "Co," or "Corp.")	ED," "(COMPANY," "CORPORATION	1,''	
(If name unavail	able in Florida, enter alternate corporate na	me ado	oted for the purpose of transacting	g business i	n Florida)
Delaware			85-0821678 (FEI number, if applicable)		
(State or countr	y under the law of which it is incorporated	. J. —			
04/22/2020		5			
(Date	of incorporation)	٥. —	(Date of duration, if other than perpetual)		ıal)
April 2024	,		(
•	(Principal	office <u>s</u>	treet address)		
	(Current ma	ailing ac	ldress, if different)		
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (Corporation Service Company	P.O. B	ox <u>NOT</u> acceptable)	· · ·	2021 APR 18
Office Address:	1201 Hays Street		_		<u> </u>
	Tallahassee		. Florida 32301		Vij 10: 1*8
	(City)		(Zip code)		. ^

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.

Corporation Service Company				
By:				
(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: Daniel Aronsson				
□Vice Chairman	Address:	□ Vice Chairman	Address: 1065 SW 8th St #1290				
■Director	Miami, FL 33130	Director	Miami, FL 33130				
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman □Vice Chairman ■Director	Name: Henrik Werner 1065 SW 8th St #1290 Address: Miami, FL 33130	□Chairman □Vice Chairman □Director	Name: Philip Werner 1065 SW 8th St #1290 Address: Miami, FL 33130				
□President		□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐ Secretary	■Treasurer				
□Other	Other	Other	Other				
	Address: Adam Treschow 1065 SW 8th St #1290 Miami, FL 33130	□Chairman □Vice Chairman □Director	Name:				
□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. 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.							
Henrik We	erner						

Page 1



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

DELAWARE, DO HEREBY CERTIFY "RIDE AWAKE USA 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 SEVENTEENTH DAY OF APRIL, 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 "RIDE AWAKE USA INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF APRIL, A.D. 2020.

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

Authentication: 203276157

Date: 04-17-24

7944768 8300 SR# 20241497621