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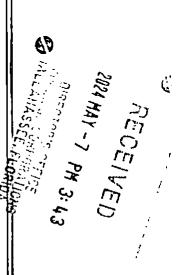
	(Requestor's Name)	
11	(Address)	_
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
<u></u>	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of St	atus
Special Instructions to	Filing Officer:	
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MAY 0.7 2024 K. Brumbley

CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate:	05/0	7/2024	_	
		Ac	c#I20160000072	· w:) - W
Name:	Sodra U	ISA Inc.	<u></u>	<u>.</u>	
Document #:					
Order #:	1554438	35 - 3			
Certified Copy of Arts & Amend:					
Plain Copy: Certificate of Good Standing:					
Certified Copy of					
Apostille/Notarial Certification:			try of Destination: ber of Certs:		
Filing: 🗸	Certi Plain COG			Email Address fo	r Annual Report Notificat RA - USA . COM
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amo	unt:\$ 7	8.75]	
			Thank you!		

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sodra USA Inc.	
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	tter to the following:
Bob Jank	∐
Name	of Person
Sodra USA Inc.	
Firm/C	Company
2075 Ridge Pointe Drive	
Ad	ldress
Lake Oswego, OR 97034	
City/Stat	e and Zip code
leisha@sodra-usa.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
at () ·
Name of Person Area C	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 323 4
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	NT OF STATE

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.

Sodra USA Inc.				
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	." "COMPAN	Y." "CORPORATIC	0 / j.
(If name unavaila	able in Florida, enter alternate corporate name	adopted for th	ne purpose of transacti	ng business in Florida)
Delaware 2.	3			
(State or countr	y under the law of which it is incorporated)	·	(FEI number, if a	pplicable)
November 6, 20	15			
(Date	of incorporation)	(Da	te of duration, if other	than perpetual)
6. January 4, 2016				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1			hity)
7. 2075 Ridge Point	e Drive, Lake Oswego, OR 97034			
	(Principal of	fice <u>street</u> add	ress)	2821
	(Current maili	ng address, if o	lifferent)	2024 (13.7 -
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u>	_acceptable)	-1 ;
Name:	C T Corporation System			Pid Si
Office Address:	1200 South Pine Island Road			25
	Plantation		33324	
	(City)		(Zip code)	
designated in this further agree to c	ed as registered agent and to accept serve application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my positions.	ment as regis relative to the	tered agent and agi proper and comple	ree to act in this capacity. I
	C T Corporation System			
_1	By: /s/ David Westcott, David Wes		stant Secretary	<u> </u>
	(Registered agent's s	signature)		
	certificate of existence duly authenticated State, by the Secretary of State or other of	-	7 .	11 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

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.

A. DIRECTORS	• .			
□Chairman ·	Name:	□ Chairman	Matti Name:	as Johansson
☐Vice Chairman	Address: 2075 Ridge Pointe Drive	□Vice Chairman		l ogsudden
Director	Lake Oswego, OR 97034	Director	SE-351 90	
President		□President	Vaxjo	
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	☐ Secretary		□Treasurer
□Other	Other	Officer Officer		□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:]
Director		□Director		1
President		President		<u> </u>
□Vice President		□Vice President		<u> </u>
☐ 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		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of	nt of State Annual R	eport form.	
The officer or dire she is aware that f s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms to ment of State constit	hat the facts sta utes a third deg	ted herein are true and that he ree felony as provided for in
13. Bob Jank, Pr	esident	n cipping application		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SODRA 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 SEVENTH DAY OF MAY, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203415202

Date: 05-07-24