## F24000002931

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(Re	questor's Name)	
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(710	4,003)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporation				
SUBJECT: Hi Rasmus li	ic.			
	Name of corporation	on - must include suffix	<del></del>	
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good Sta	inding" and check are sub		
Please return all correspond	dence concerning this matte	er to the following:		
Amanda Clark				
	Name o	f Person		
Martensen Wright PC				
	Firm/Co	inpany		
One Capitol Mall, Suite 670				
	Add	ress		
Sacramento, CA 95814				
	City/State	and Zip code	•	
ac@usa-eurolaw.com				
	E-mail address: (to be used	for future annual report i	notification)	
For further information cor	acerning this matter, please	call:		
Amanda Clark	916 at (	448-9088	_) 448-9088 Daytime Telephone Number	
Name of Person	Area Co	de Daytime Telep	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
• •	: FLORIDA DEPARTMEN	T OF STATE  ■ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certificate of Status &	

## 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 unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	<u> </u>	
•		86-1532393	•	
(State or countr	y under the law of which it is incorporated)	86-1532393 (FEI number, if applicable)		
January 13, 202				
(Date	of incorporation)	(Date of duration, if other than perpetual)	<del></del>	
5				
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
33820 Charlotte	Ave., Suite 146-21, Nashville, TN 37209	sol, the determine policity matrixy		
/	(Principal off	ice <u>street</u> address)	<del></del>	
c/o Martensen W	right PC, One Capitol Mall, Suite 670, Sacran	nento, CA 95814		
	(Current mailin	ng address, if different)	— ~ .	
			170.	
<ol><li>Name and stree</li></ol>	et address of Florida registered agent: (P.C	O. Box <u>NOT</u> acceptable)	⊃ <b>x</b> >>	
Name:	Corporation Service Company		2024 RAY -9	
Office Address:	1201 Hays Street		P	
	Tallahassee	32301	<del>==</del>	
	(City)	, Florida 32301 (Zip code)	: 54	
9 Registered ag	ent's acceptance: ned as registered agent and to accept serv	ice of process for the above stated corporation at the ment as registered agent and agree to act in this ca	pacity.	
Having been nam designated in this further agree to c	application, I hereby accept the appoints omply with the provisions of all statutes to with and accept the obligations of my po		,	

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

## A. DIRECTORS Name: \_\_\_\_\_Sophie Jee Hendriksen Nikolaj Magle Hendriksen Name: □Chairman □ Chairman 3820 Charlotte Ave., Ste. 146-21 Address: \_\_\_ 3820 Charlotte Ave., Ste. 146-21 □ Vice Chairman ☐ Vice Chairman Address: Nashville, TN 37209 Nashville, TN 37209 □ Director Director 🗎 President □President ☐ Vice President \_\_\_\_ □ Vice President ☐ Treasurer □ Secretary Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □ Other \_\_\_\_\_ Edward J. Wright, Jr. □ Chairman □ Chairman Name: One Capitol Mall, Suite 670 ☐ Vice Chairman Address: □Vice Chairman Address: Sacramento, CA 95814 □ Director □Director President □President □ Vice President □ Vice President □Treasurer **■**Secretary ☐ Treasurer □ Secretary □Other \_\_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ ☐ Chairman □ Chairman Name: Name: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □Director □ President □President □Vice President \_\_\_\_\_ ☐ Vice President ☐Treasurer □ Secretary □ 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. N. W. 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.

Edward J. Wright, Jr., Corporate Secretary

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HI RASMUS 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

Authentication: 202813252

Date: 02-14-24