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COVER LETTER

TO: Registration Section Division of Corporations	S		
SUBJECT: Norlase Inc.			
	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Cabove referenced foreign corporations."	ertificate of Good Stand	ling" and check are submi	
Please return all correspondence	concerning this matter	to the following:	
Dorthe Wright			
	Name of P	erson	
Martensen Wright PC			
	Firm/Comp	pany	
1 Capitol Mall Ste 670			
	Addres	SS	
Sacramento, CA 95814			
	City/State an	d Zip code	
dm@usa-eurolaw.com			
E-mai	il address: (to be used fo	or future annual report not	ification)
For further information concerni	ng this matter, please ca	ill:	
Dorthe Wright	916	916 4489088 Area Code Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephor	ne 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 32314	
· ·	RIDA DEPARTMENT		\$87.50 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.

	orporation; must include "INCORPORATED	," "COMPANY," "CORPORATION,"		
inc., "Co.," "Co	orp," "Inc," "Co," or "Corp.")			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid	a)	
Delaware 8.		2-3123764		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
10 October 2017	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
18 March 2024				
		in Florida, if prior to registration)		
895 Hurlingame	Avenue, Redwood City, CA 94063	502, F.S., to determine penalty liability)		
		fice street address)		
1 Capitol Mall. S	te 670, Sacramento, CA 95814	nce street address)		
		ng address, if different)		
	(3	,,	~ 3	ي
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	7	<u>V</u>
Corporation Service Company			<u> </u>	9
Name:	1201 11 0		28) (기)
ffice Address:	1201 Hays Street		TC II.	::35 ::35
	Tallahassee	32301 Florida		(F)
	(City)	, Florida 32301 (Zip code)	(C)	
Danistandon				- 7 76
~ ~	ent's acceptance: ed as registered agent and to accept serv	vice of process for the above stated corporation at the	ie pl	ace
esignated in this	application, I hereby accept the appoint	ment as registered agent and agree to act in this ca	paci	ty. I
	omply with the provisions of all statutes with and accept the obligations of my p	relative to the proper and complete performance of osition as registered agent.	my	dutie
· · · · · · · · · · · · · · · · · · ·	•			
	Charleman			
	Thousand I			
	(Registered agent's	signature)		

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	Name:	□Chairman	Peter M.W. Skovgaard Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Redwood City, CA 94063	■ Director	Redwood City, CA 94063			
□President		□President				
□Vice President		□Vice President				
□Secretary	☐ Treasurer	□Secretary	□Treasurer			
Other	Other	Other	Other			
□ Chairman	Oliver Hvidt Name:	□ Chairman	Edward J. Wright, Jr. Name:			
	895 Hurlingame Avenue	□Vice Chairman	1 Capitol Mall Ste 670			
Director	Redwood City, CA 94063	Director	Sacramento, CA 95814			
■ President		□President				
□Vice President		□Vice President				
□Secretary	■ Treasurer	■ Secretary	□Treasurer			
□Other		□Other	□Other			
□Chairman	Name:	□Chairman	Name:			
			Address:			
□ Director	Address:	Director				
□ 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. 12. Signature of Director or Officer						
	ctor signing this document (and who is listed in number					

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

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NORLASE 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 MAY, A.D. 2024.

Authentication: 203506128

Date: 05-17-24