24000003903

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2024

COGENCY GLOBAL

SUBJECT: HX US INC.

Ref. Number: W24000102671

Please Original Original

We have received your document for HX US INC, and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P19000032223.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY Regulatory Specialist II Supervisor Letter Number: 224A00015356



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/22/2024	
Name:	Patrice Rush	_
Reference	#:2438662	_
		CUSINC.
✓ Artic	cles of Incorporation/Authorization	to Transact Business
Ame	endment	
☐ Cha	inge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Oth	er	·····
Authorized Signature:	Amount: \$125.00	

F: +852.2682.9790

COVER LETTER

TO:		ration Section on of Corporations				
SUBJ	ECT:	HX US Inc.				
		N	ame of corporation	n - mus	t include suffix	
Dear S	ir or Ma	idam:				
"Certif	ficate of	Application by Foreig Existence," or "Certifed foreign corporation	icate of Good Star	nding"	and check are subt	t Business in Florida," nitted to register the
Please	return a	ll correspondence con	cerning this matte	r to the	following:	
St	even Fr	anz				
			Name of	Person	i	
н	urtigrute	n Americas, Inc.				
			Firm/Cor	npany		
1	505 We	stlake Avenue North, S	Suite #125			
			Addr	ess		
5	Seattle, \	WA 98109				
			City/State a	nd Zip	code	
s	teven.fr	anz@hurtigruten.com				
		E-mail ad	dress: (to be used	for futt	ire annual report n	otification)
For fu	ther infe	ormation concerning t	his matter, please	call:		
			at ()		
	Name	of Person	Area Coo	le	Daytime Teleph	none Number
	Regist Division The Co 2415 N	ET/COURIER ADD ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suit assee, FL 32303			MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Please		•	A DEPARTMEN	□ \$78.1	FATE 75 Filing Fee & ified Copy	S87.50 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.

	oration; must include "INCORPORATED," " " "Inc," "Co," or "Corp.")		,			
HX Americ	as Inc.					
(If name unavailable	in Florida, enter alternate corporate name add	opted for the purpose of transact	ing business in Florida)	_		
. Delaware	3	99-2667288				
(State or country un	(State or country under the law of which it is incorporated) (FEI number, if applicable)					
. <u>01/26/2024</u>	5	(Date of duration, if othe		_		
(Date of	incorporation)	(Date of duration, if othe	r than perpetual)			
)				_		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)			
1 1505 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·	· · · ·	3,			
. <u>1505 Westla</u>	ike Avenue North, Suite #125, Sea Principal office			_		
, , , , , , , , , , , , , , , , , , , 	(Current mailing a	iddress, if different)	20			
			2024 JUL 15 PM	2		
3. Name and street a	ddress of Florida registered agent: (P.O. I	Box NOT acceptable)				
Name:	Cogency Global Inc.	<u> </u>	Section 1			
Office Address: _	115 North Calhoun Street, Suite 4					
	Tallahassee, Florida	32301	# 5			
_	(City)	, Florida(Zip code)	(m) (m)			
) Degistered agent	da nagantanaga					
). Registered agent Having been named	is acceptance: as registered agent and to accept service	of process for the above stat	ed corporation at the	place		
	plication, I hereby accept the appointmen					
	ply with the provisions of all statutes rela th and accept the obligations of my positi		ete perjormance oj m	iy aune		
Ž	. 5 7 7 .	C U				
	Denise Wipp	4.				
	venue Way	w				

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: <u>James McArthur</u> □ Chairman Name: _____ El Vice Chairman Address: 1505 Westlake Avenue North Suite #125, Seattle, WA 98109 □Vice Chairman Address: ______ ☐ Director □ Director **™** President ☐ President □ Vice President _____ □Vice President □Treasurer ☐ Secretary ☐ Secretary ☐ Treasurer □Other _____ □Other ___ ☐ Other _____ Other Name: □ Chairman ☐ Chairman Name: _____ □Vice Chairman Address: _____ ☐ Vice Chairman Address: Director Director ☐ President □ President □Vice President ___ □Vice President ☐ 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 _____ 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 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

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

13. James McArthur, President



Page 1

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

DELAWARE, DO HEREBY CERTIFY "HX 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 THIRTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HX US INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2024.

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

3007248 8300 SR# 20242871411

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

Anthony W Ballacti. Sourceary of State.

Authentication: 203706610

Date: 06-13-24