

F24000006494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

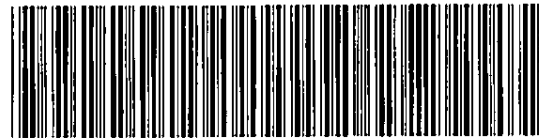
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



700441298837

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 DEC 20 AM 10:23

2024 DEC 20 PM 3:25



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 12/20/24
Order #: 1731470-2
Re: Norton Lilly International U.S., Inc.
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the routing information.

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:
120000000195

Certificate of Good Standing from State of Incorporation

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.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTON LILLY INTERNATIONAL U.S., INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GABRIELA CAMPUZANO

Name of Person

NORTON LILLY INTERNATIONAL U.S., INC.

Firm/Company

ONE ST. LOUIS CENTRE STE 5000

Address

MOBILE, AL 36602

City/State and Zip code

gcampuzano@nortonlilly.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIELA CAMPUZANO

at (251) 219-3325

Name of Person

Area 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 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

1. NORTON LILLY INTERNATIONAL U.S., INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ALABAMA 3. 33-1867440
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/25/2024 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ONE ST. LOUIS CENTRE STE 5000 MOBILE AL 36602
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 OCT 20 AM 10:24

A. DIRECTORS

☐ Chairman Name: ANDREAS EBENSPERGER
☐ Vice Chairman Address: 1 ST. LOUIS CENTRE
☐ Director STE 5000
☒ President MOBILE AL 36602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: PATRICIO GARCIA
☐ Vice Chairman Address: 1 ST. LOUIS CENTRE
☐ Director STE 5000
☐ President MOBILE AL 36602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

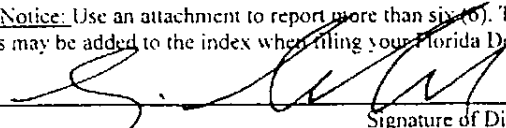
☐ Chairman Name: SUMNER ADAMS
☐ Vice Chairman Address: 1 ST. LOUIS CENTRE
☐ Director STE 5000
☐ President MOBILE AL 36602
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: ALVARO DAVID
☐ Vice Chairman Address: 1 ST. LOUIS CENTRE
☒ Director STE 5000
☐ President MOBILE AL 36602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: RICHARD VON APPEN
☐ Vice Chairman Address: Ave El Bosque #500 Piso 24
☒ Director Las Condes
☐ President Santiago, Chile
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 s.817.155, F.S.

13. SUMNER ADAMS - SECRETARY
(Typed or printed name and capacity of person signing application)



NORTON LILLY
INTERNATIONAL

**Norton Lilly International U.S., Inc Directors as of
October, 2024**

Board Directors

Richard Von Appen
Av. El Bosque Norte 500
Piso 24, Las Condes
Santiago, RM, Chile

Alvaro David – One St. Louis Centre STE 5000, Mobile, AL 36602

**Norton Lilly International U.S., Inc Officers as of
October, 2024**

Officers

Andreas Ebensperger	President / CEO
Patricio Antonio Garcia Lagos	CFO
Sumner Adams	Secretary

*All officers are located in 1 St. Louis Centre STE 5000 Mobile, AL (Headquarters)

Norton Lilly International U.S., Inc - Ownership

Smysta (Servicios Maritimos y Transportes Limitada) 100%

Av. El Bosque Norte 500
Piso 24, Las Condes
Santiago, RM, Chile
Smysta is owned by:

Mr. Wolf von Appen is 100% beneficial owner

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Norton Lilly International U.S.,
Inc. was formed in Alabama on November 7, 2024. The Alabama Entity
Identification number for this entity is 001-161-966. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



20241219000020016

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

12/19/2024

Date

A handwritten signature in black ink, appearing to read 'Wes Allen', written over a horizontal line.

Wes Allen

Secretary of State