M21000000038

(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:

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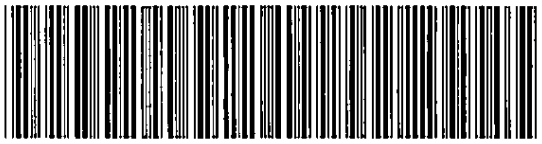

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN - 5 2021

K Brumbley

RESUBMIT
Please give original
submission date as file date.

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 5889537 4304417

AUTHORIZATION : Lynn Hendersen

COST LIMIT : $ 125.00

ORDER DATE : December 28, 2020

ORDER TIME : 10:10 AM

ORDER NO. : 588953-010

CUSTOMER NO: 4304417

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: SIBO USA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Hendersen -- EXT# 63271

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SIBO USA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," ...)

2. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. ______
(FEI number, if applicable)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 810 North Main Street
Harrisonburg, VA 22802
(Street Address of Principal Office)

6. 810 North Main Street
Harrisonburg, VA 22802
(Mailing Address)

7. 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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: Amanda E. Robinson
Amanda Robinson, Assistant Vice President
(Registered Agent's Signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager ■ Member ☐ Authorized Person ☐ Other	Name: Bostjan Sifrar Address: 810 North Main Street Harrisonburg, VA 22802	■ Manager ■ Member ☐ Authorized Person ☐ Other	Name: Spela Sifrar Address: 810 North Main Street Harrisonburg, VA 22802
☐ Manager ☐ Member ☐ Authorized Person ■ Other CEO	Name: Matjaz Zakotnik Address: 17506 Langston Drive Charlotte, NC 28278	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address:
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address: 	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address:

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203, (1)(b), Florida Statutes. I am aware that any 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.

Signature of authorized person

Matjaz Zakotnik, CEO

Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

SIBO USA LLC
0450215428

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 09, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020

I further certify that the registered agent and office are:

ILAN NEUSCHATZ
124 PROSPECT STREET
RIDGEWOOD, NJ 07450

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of December, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6114192174

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp