

M22000012726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

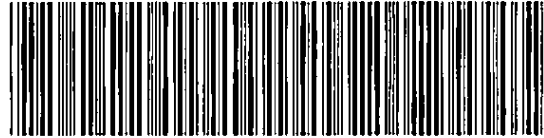
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUL 12 PM 4:33

2022 AUG 12 PM 3:06

FALL BROWARD COUNTY FLORIDA

RECEIVED

S. FRANKLIN

AUG 15 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 8/12/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1061482

ORDER ENTITY

HURTIGRUTEN EXPEDITON CRUISES AS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

HURTIGRUTEN EXPEDITON CRUISES AS LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

2022 AUG 12 PM 4:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hurtigruten Expedition Cruises AS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Francesca Garcia
Name of Person
Foster Garvey PC
Firm/Company
1111 Third Avenue, Suite 3000
Address
Seattle, WA 98101
City/State and Zip Code
francesca.garcia@foster.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Francesca Garcia at (503) 553-3133
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Hurtigruten Expedition Cruises AS 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," "L.L.C.," or "LLC.")

2. Norway 3. 98-1667065
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 29, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Langkaia I, 0150, Oslo, Norway 6. Langkaia I, 0150, Oslo, Norway
(Street Address of Principal Office) (Mailing Address)

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

Name: Unisearch, Inc.

Office Address: 1990 Main Street, Suite 750-709

Sarasota, Florida 34236
(City) (Zip code)

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.

By: Denise Wipper, Asst. Secretary

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Asta Sofie Lassen</u>	<input type="checkbox"/> Manager	Name: <u>Hurtigruten Expeditions AS</u>
<input type="checkbox"/> Member	Address: <u>Langkaia 1, 0150</u>	<input checked="" type="checkbox"/> Member	Address: <u>Langkaia 1, 0150</u>
<input type="checkbox"/> Authorized	<u>Oslo, Norway</u>	<input type="checkbox"/> Authorized	<u>Oslo, Norway</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

x *Astalam*

 Signature of an authorized person

Asta Sofie Lassen

 Typed or printed name of officer



Brønnøysundregistrene

THE BRØNNØYSUND REGISTER CENTRE

Hurtigruten Expedition Cruises As
Langkaia 1
0150 OSLO

Your ref.
Sam Tawfik

Our ref.
20220001509556-1 SB-LIE

Date
2022-06-17

CERTIFICATE OF GOOD STANDING

HURTIGRUTEN EXPEDITION CRUISES AS, organisation number 927 081 962

Type of company: Limited company
Date of incorporation: 7 May 2021
Country: NORWAY

We hereby certify that the company is registered in the Register of Business Enterprises in accordance with the Business Enterprise Registration Act. The company has not been dissolved or struck off pursuant to the Limited Liability Companies Act.

BRØNNØYSUNDREGISTRENE
THE BRØNNØYSUND REGISTER CENTRE

Lise A. Dahl Karlsen
Deputy Director General
sign



Linn-Janka Ekse
Linn-Janka Ekse
Secretary



Knut Vongraven
Knut Vongraven
Notary Public
for the Brønnøysund Register Centre

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