# M2400000500

Office Use Only



04/03/24--01015--012 \*\*125.00



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605,0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

#### The fees to register are as follows:

\$	100.00	Filing Fee for Application
S	25.00	Designation of Registered Agen
S	30.00	Certified Copy (optional)
S	5.00	Certificate of Status (optional)

## Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee, "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 13.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

#### 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

## COVER LETTER

UBJEC	Nordic Apex Ventures LLC	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Nam	ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.
lease re	turn all correspondence concerning this matter t	to the following:
	Amy Highline	
		Name of Person
	Corporate Direct, Inc.	
		Firm/Company
	348 Mill St.	
		Address
	Reno, NV 89501	
	(	lity/State and Zip Code
	ahighline@corporatedirect.com	
	E-mail address: (to b	e used for future annual report notification)
for furth	er information concerning this matter, please ca	A1:
	Amy Highline	775 284-7161
	Name of Contact Person	at () Area Code — Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF  * \$125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605,002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The alte	mate name most include "Limited Liability Cor	mpany," "L.I. C," or "LLC
Wyoming		3,		
(Jurisdiction under the law of w	shich foreign finited hability company is organized)	-/	(FEI number, il apple	cable)
	(Date first transacted business in Florida, if prior (See sections 602 0903 & 605 0905, F.S. to deter	to registration ) mime penalty liab	ality)	
300 N Center St., Unit	6	6 30	00 N Center St., Unit 6	
eet Address of Principal Office)		0	00 N Center St., Unit 6 (Mailing Address)	·
Casper, WY 82601		Ca	asper, WY 82601	
		_		
Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acc	eptable)	
Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acc	eptable)	707
	ss of Florida registered agent: (P.O. Bo Registered Agents Inc	ox <u>NOT</u> acc	eptable)	14 5.707
Name and <u>street address</u> Name:		ox <u>NOT</u> acc	eptable)	- 24 F707
		ox <u>NOT</u> acc	eptable)	3 - 24 k707
Name:	Registered Agents Inc 7901 4th St N STE 300			
Name:	Registered Agents Inc 7901 4th St N STE 300			
Name:	Registered Agents Inc 7901 4th St N STE 300		eptable)  . Florida 33702  . Zip code)	7074 VLK -3 VH II: 48
Name: Office Address: gistered agent's accep	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  (City)		. Florida 33702 . Zip code)	94:11111
Name: Office Address; egistered agent's acceptiving been named as re	Registered Agents Inc  7901 4th St N STE 300  St. Petersburg  (City)	f process for	. Florida 33702 (Zip code) the above stated limited liability	All

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: Name: Andrea Lawson □Manager □Manager Name: Address: 300 N Center St., Unit 6 **X**\tember Address: \_\_\_\_\_ ☐ Member Casper, WY 82601 LiAuthorized □Authorized Person Person E[Other\_\_\_\_ □Other \_\_\_ []Other □Other ElManager Name: □Manager Name: <sup>1</sup> !Member Address: □ Member Address: [JAuthorized] □ Authorized Person Person ⊡Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ [ ]Manager Name: \_\_\_\_\_ □!Manager Name: Address: Address: **UMember ∐**Member □!Authorized []]Authorized Person Person []Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Undrea Lawson Signature of an authorized person Andrea Lawson

Typed or printed name of signee

# STATE OF WYOMING Office of the Secretary of State

I. CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

# **Nordic Apex Ventures LLC**

is a

# **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **December 5**, 2023, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2023-001370604.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of March, 2024 at 3:17 PM. This certificate is assigned ID Number 071325318.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company must submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C.." or the designation "L.L.C."

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The fees to register are as follows:

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## > Important Information About the Requirement to File an Annual Report

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at <a href="https://www.sunbiz.org">www.sunbiz.org</a>. There is no provision to waive the late fee. Be sure to file before May 1st.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

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

## COVER LETTER

	Nordic Apex Ventures LLC	
SUBJECT:	Name	e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florid
Please return	all correspondence concerning this matter to	o the following:
	Amy Highline	
		Name of Person
	Corporate Direct, Inc.	
		Firm/Company
	348 Mill St.	•
		Address
	Reno, NV 89501	
	C	ity/State and Zip Code
	ahighline@corporatedirect.com	
	E-mail address: (to be	used for future annual report notification)
For further in	nformation concerning this matter, please cal	il:
Am	y Highline	775 284-7161
	Name of Contact Person	at () Area Code Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Plea	closed is a check for the following amount: use make check payable to: FLORIDA DEF S125.00 Filing Fee  \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🗍 \$160.00 Filing Fee, Certificate

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

IN COMPLANCE 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:

(Date first transacted business in Florida, if putor to registration.) (Date first transacted business in Florida, if putor to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)  300 N Center St., Unit 6 (Mailing Address)  Casper, WY 82601  Same and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  St. Petersburg  (Crs)  St. Petersburg  (Crs)  (Crs)  (Crs)  (Crs)  (FEI number, if applicable)	ne unavariable, enter alternate :	name adopted for the purpose of transacting business in Fl	ionda. The	afternate maine must include "Limited Clabiny Co	mpany, LLC, or LLC
(Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, P.S. to determine penalty liability)  300 N Center St., Unit 6  6. 300 N Center St., Unit 6  (Mailing Address)  Casper, WY 82601  Casper, WY 82601  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Registered Agents Inc  Name: Registered Agents Inc  7901 4th St N STE 300	Vyoming		3.	(B) *** 1 *** 1	
300 N Center St., Unit 6  1 Address of Principal Office)  Casper, WY 82601  Casper,	(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(PE) number, it appi	icable)
300 N Center St., Unit 6  1 Address of Principal Office)  Casper, WY 82601  Casper,					
Casper, WY 82601  Casper, WY 8		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ine penalty	) liability)	
Casper, WY 82601  Casper, WY 8			6	300 N Center St., Unit 6	
Name:    Registered Agents Inc   P.O. Box NOT acceptable	(Address of Principal Office)			(Mailing Address)	· · · ·
Name:    Registered Agents Inc   PR   PR   PR   PR   PR   PR   PR   P	Casper, WY 82601			Casper, WY 82601	
Office Address:  St. Petersburg  (City)  (City)  (Zip code)  (Zip	Name:	Registered Agents Inc			Ydy hzaż
St. Petersburg  (City)  (City)  (City)  (Zip code)  (Zip code)  (Zip code)  (Zip code)  (Zip code)  (Sit code)  (S	Office Address:	7901 4th St N STE 300			<u>ن</u>
gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the pl ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w	Office Hudress.	St. Petersburg		. Florida 33702	<b>3</b> .
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pl ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w		(City)		(Zip code)	94
	gistered agent's accep	gistered agent and to accept service of p	process	for the above stated limited liabilit weed agent and agree to act in this	y company at the p canacity. I further

5) total]:			agers or persons authorized to
Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
Name: Andrea Lawson	□Manager	Name:	
Address: 300 N Center St., Unit 6	□Member	Address:	
Casper, WY 82601	□Authorized		
	Person		
□Other	Other		□Other
Name:	□Manager	Name:	·
Address:	□Member	Address:	
	Authorized		
	Person		
□Other	□Other		Other
Name:	□Manager	Name:	
Address:	□Member	Address:	
<del></del>	□Authorized		
	Person		
□Other	Other		□Other
may be added to the index when filing you difficate of existence, no more than 90 days one law of which it is organized. (If the certist be submitted) is executed in accordance with section 605, ment to the Department of State constitutes	or Florida Department of Stold, duly authenticated by the ficate is in a foreign languate of the first of the	ate Annual Rep he official havi ge, a translation es. I am aware p ovided for in s.8	ng custody of records in the of the certificate under oath that any false information
	ature of an authorized person		
	Name: Andrea Lawson  Address: 300 N Center St., Unit 6  Casper, WY 82601  LiOther  Name:	Name: Andrea Lawson   Manager   Address: 300 N Center St., Unit 6   Member   Casper, WY 82601   Dauthorized   Person   Dother   Dother   Name:   Manager   Address:   Member   Name:   Manager   Address:   Member   Name:   Authorized   Person   Dother   Dother   Name:   Manager   Address:   Member   Name:   Authorized   Person   Dother   Dother   Name:   Manager   Name:   Name   Name:   Name:   Name:   Name   Name:   N	Name:   Andrea Lawson

Typed or printed name of signee

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

# Nordic Apex Ventures LLC is a

**Limited Liability Company** 

formed or qualified under the laws of Wyoming did on December 5, 2023, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2023-001370604.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of March, 2024 at 3:17 PM. This certificate is assigned ID Number 071325318.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

# Corporate Direct, Inc.

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-782-2201 - Main 775-782-2611 - FAX

March 27, 2024

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32399

Re:

Nordic Apex Ventures LLC

Dear Clerk:

Enclosed please find the original and one copy of foreign qualification for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your continued courtesy. Please do not hesitate to call me if you have any questions.

Best Regards.

Senior Incorporating Specialist

:ah Enclosures