

P23 0000 42340

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION
FLAKT MARINE USA INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H23000199336

ARTICLE I NAMEThe name of the corporation shall be: Fläkt Marine USA Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address5553 Anglers AvenueSuite 113Ft. Lauderdale, FL 33312

Mailing address, if different is:

5553 Anglers AvenueSuite 113Ft. Lauderdale, FL 33312**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: for any and all lawful purposes.**ARTICLE IV SHARES**The number of shares of stock is: 100 Common Shares at \$1.00 par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Kathryn Brown, PresidentAddress: 17444 NW 10th StreetPembroke Pines, FL 33029Name and Title: Kelly Moberg, Vice-PresidentAddress: 1263 Seagrape CircleWeston, FL 33326Name and Title: Jonas Lindkvist, Secretary & DirectorAddress: 5553 Anglers AvenueSuite 113Ft. Lauderdale, FL 33312Name and Title: Jens Olsson, DirectorAddress: 5553 Anglers AvenueSuite 113Ft. Lauderdale, FL 33312Name and Title: Thomas Andersson, DirectorAddress: Kalkbruksgatan 1SE-417 07 GöteborgSweden

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jonas Lindkvist
 Address: 5553 Anglers Avenue, Suite 113
Ft. Lauderdale, FL 33312

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Jonas Lindkvist
 Address: 5553 Anglers Avenue, Suite 113
Ft. Lauderdale, FL 33312

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 TALLAHASSEE, FL
 DEPARTMENT OF STATE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

 Required Signature/Registered Agent
 06/01/2023
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 Required Signature/Incorporator
 06/01/2023
 Date

H23000199336