



THE COMPANY CORPORATION

Three Christina Centre • 201 N. Walnut Street • Wilmington, Delaware 19801 • Telephone: (302) 575-0440 • Fax: (302) 575-1346

P95000051314

Corporate Records Bureau
Division of Corporations
PO Box 6327
Tallahassee FL 32314

RE: Winpeak Americas Inc.

600001530336
-07/06/95--01052--021

*****70.00 *****70.00

600001530336
-07/06/95--01052--022

*****52.50 *****52.50

Dear Sir or Madam:

Enclosed please find Articles of Incorporation, Certificate of Acceptance and our check(es) in the amount of \$70.00 for Winpeak Americas Inc. Also included are checks in the amount of \$52.50 for a certified copy and \$10.00 for Apostille, country Switzerland.

Please file at your earliest convenience and return confirmation to my attention at the address which is listed above.

Please feel free to contact me directly at 1-302-575-0440, ext. 209 with questions regarding the enclosed application.

Sincerely,

Bonnie J. Bennett

Bonnie J. Bennett

enc.

*Called - Chris Jeandell will
send the Apostille for attach
Corporation - 7-12-95*

*BMC
6/30/95*

FILED
95 JUN 30 PM 3:45
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
Winpeak Americas, Inc.

FILED

95 JUN 30 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned natural person(s), of the age of 21 or more, acting to form a corporation under the corporate laws of the state of Florida do hereby certify the following:

FIRST: The name of the corporation shall be Winpeak Americas, Inc.

SECOND: The address of the initial registered office of the corporation is 200 - A John Knox Road, Tallahassee FL 32303-6643, County of Leon. The name of the registered agent located at said address is Larry Wolfe.

THIRD: The principal address of the corporation is Obere Bahnhofstrasse 49, CH-9500 Wil SG, Switzerland.

FOURTH: The purpose for which this corporation is organized shall be to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporation Act.

FIFTH: The total authorized stock of this corporation is divided into 100,000 shares of \$.10 par value.

SIXTH: The number of directors constituting the initial board of directors is two, and the name(s) and address(es) who will serve as directors until the first annual meeting of shareholders or until their successors are as follows:

Juerg Grau Obere Bahnhofstrasse 49, CH-9500 Wil SG, Switzerland
Ralf Nadler Obere Bahnhofstrasse 49, CH-9500 Wil SG, Switzerland


SEVENTH: The duration of the corporation is perpetual.

EIGHT: This is Close Corporation.

NINTH: The name(s) and address(es) of the persons who are to act as incorporator(s) are as follows:

Bonnie J. Bennett c/o The Company Corporation
Three Christina Centre, 201 N. Walnut St., Wilmington DE 19801

We (I), the undersigned, being all the incorporators of the corporation identified above, declare that we have examined the foregoing this 19th day of June, 1995.



State of Delaware

County of New Castle

THE FOREGOING instrument was acknowledged and sworn to before me this 19th day of June, 1995 by Bonnie J. Bennett.

SUSAN M. GRIFFIN
NOTARY PUBLIC-DELAWARE

Appointed October 6, 1994

Term 2 Years


Notary Public

This document was prepared by Bonnie J. Bennett, Three Christina Centre, 201 N. Walnut Street, Wilmington DE 19801 (302) 575-0440

FILED

95 JUN 30 PM 3:45

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with Section 607.1507, Florida Statutes, the following is submitted:

First, this Winpeak Americas, Inc.

desiring to organize under the laws of the state of Florida with its principal place of business located in the ~~city of~~ Country of Switzerland, State of ~~Florida~~, has named Larry Wolfe located at 200 - A John Knox Road, Tallahassee FL 32303-6643 as its agent for service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Larry Wolfe

June 13, 1995

Date

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000051314**

1. Corporation Name

WINPEAK AMERICAS, INC.

96 NOV 19 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

OBERE BAHNHOFSTRASSE 49
CH-9500 YML 90
SWITZERLAND

Mailing Address

OBERE BAHNHOFSTRASSE 49
CH-9500 YML 90
SWITZERLAND

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

1304 S HARBOR CITY BLVD

City & State

MELBOURNE FLORIDA

Zip

Country

Suite, Apt. #, etc.

877 Hwy A1A, Unit 802

City & State

Indianapolis FL

Zip

Country

REINSTATEMENT *96*

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1995

5. FEI Number

59 3328621

Applicable For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	GRAU, JUERG	OBERE BAHNHOFSTRASSE 49, CH-9500	SWITZERLAND
D	NADLER, RALF	OBERE BAHNHOFSTRASSE 49, CH-9500	SWITZERLAND
V	NIGGLI, SIWIE	877 Hwy A1A, Unit 802	Indianapolis FL 32908

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6943

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Allowed)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *10/16/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUERG GRAY
CHAIRMAN

SEP 19 '96 (407) 726 0410
Date Daytime Phone #