

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000008029

**Entity Name:** LOIPART USA, INC.

**Current Principal Place of Business:**

3921 SW 47TH AVENUE  
SUITE 1004  
DAVIE, FL 33314

**Current Mailing Address:**

3921 SW 47TH AVENUE  
SUITE 1004  
DAVIE, FL 33314 US

**FEI Number:** 80-0888364

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RITAMAKI , MARKUS A  
3921 SW 47TH AVENUE  
SUITE 1004  
DAVIE, FL 33314 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MARKUS RITAMAKI

02/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JOKINEN, JUHA  
Address TANHUANPAANTIE 3  
City-State-Zip: EURA 27510

Title VP  
Name FLYGARE, TEEA  
Address LYSHOLMSVAGEN 21  
City-State-Zip: SARO 42942

Title CEO  
Name RITAMAKI, MARKUS A  
Address 5469 GRANDE PALM CIR  
City-State-Zip: DELRAY BEACH FL 33484

Title CHIEF ACCOUNTING OFFICER  
Name SEBOK, JOHN III  
Address 6010 NE 3RD TER  
City-State-Zip: OAKLAND PARK FL 33334

Title VP  
Name MYLLYMAA, JUHA  
Address MAIJANTANHUA 8  
City-State-Zip: KAUTTUA 27500

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARKUS RITAMAKI

CEO

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date