Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000269883 3)))



H2400026988334BC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

: (813)436-5206 Fax Number

*Enter: the email address for this business entity to be used for future $\widetilde{\gamma}_i$ annual report mailings. Enter only one email address please.**

Email	Address:	 		 	
-					

FOREIGN PROFIT/NONPROFIT CORPORATION ON Electric Vehicle Corporation

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/12/2024 09 12-04 PDT . To 19506176383 Page: 2/4 Fax 8134365206

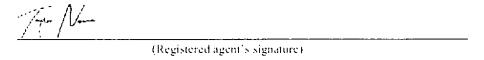
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ON Electric Vehicle Corporation					
	corporation; must include "INCORPORATED Corp," "Inc." "Co." or "Corp.")	." "COMPANY." "CORPORATION."			
(II name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)		
Delaware 2.	3				
	try under the law of which it is incorporated)	ed) (Fixl number, if applicable)			
4. 06/04/2024	5.				
— – – (Dat	e of incorporation)	(Date of duration, if other than perpetual)			
6					
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) (502, F.S., to determine penalty liability)			
$_{7.}$ 7901 4th St N, S	TE 300, St. Petersburg FL 33702				
	(Principal of	tice <u>street</u> address)			
7901 4th St N. S	STE 300, St. Petersburg FL 33702				
	(Current maili	ng address, if different)			
8. Name and <u>stre</u> Name:	Northwest Registered Agent LLC	O. Box N <u>OT</u> acceptable)	21 SNV 4707		
Office Address:	7901 4th St N STE 300		מר.		
	St. Petersburg	33702 . Florida			
	(City)	(Zip code)	±: ±6		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Tc. 18506176383 Page: 3/4 Fax: 8134365206 8/12/2024 09 12:04 PDF

A. DIRECTORS

TiChairman	Norland, Kim	Chairman	Name:	
ElVice Chairman	Address;	∐Vice Chairman	Address:	
≝Director 7901 4th St N STE 300		_ Director		
☑President	St. Petersburg FL 33702	□ President		
□Vice President		□Vice President		
② Secretary	Z Treasurer	E Secretary		[]Treasurer
[].Other		. Other		"!Other
□Chairman	Name:	□ Chauman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
[]Director		Director		
□President		D President		
□Vice Presidem		□Vice President		
□ Secretary	□Treasurer	☐ Secretary		□ Treasurer
□Other	□Othei	[]Other		[[Other
□Chairman	Name;		Name:	
L.Vice Chamman	Address:	Vice Chairman	Address:	
_Director		Director		
III President		TPresident		
□Vice President		□ Vice President		
□.Secretary	□ Treasurer	☐ Secretary		\(\sigma\) Treasmer
□Other	Other	Other		L'Other
	Use an attachment to report more than six (6). To added to the index when filing your Florida Deploreland	partment of State Annual Re	port form,	purposes only Non-indexed

12.	Kim Norland	
	Signature of Director or Officer	

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

8/12/2024 09 12:04 PDF + To 18506176383 Page 4/4 Fax 8134365206

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ON ELECTRIC VEHICLE CORPORATION" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF AUGUST, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ON ELECTRIC VEHICLE CORPORATION" WAS INCORPORATED ON THE FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

at corp delawate gov/auti

Authentication: 204136284

Date: 08-12-24