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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

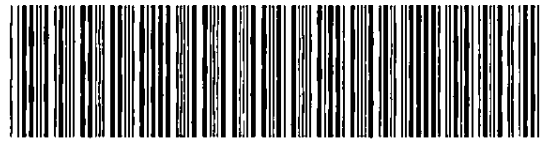
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JON A. SYVERSEN HOLDING AS Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARY KAY DEMRO ARMSTRONG
Name of Person

Firm/Company

18720 SW 60th STREET
Address

DUNNELLON FL 34432
City/State and Zip code

jon-arild@jotro.no
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY KAY DEMRO ARMSTRONG (352) 342-0627
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.

1. JON A. SYVERSEN HOLDING AS Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NORWAY 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2005-12-19 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 2012-12-06
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. TØMTESTVINGEN 26, 2013 SKJETTEN, NORWAY
(Principal office street address)

Jon-arild@jatros.no
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MARY KAY DEMRO ARMSTRONG

Office Address: 18720 SW 60TH STREET

DINWELLY, Florida 34432
(City) (Zip code)

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, 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.

Mary Katherine Armstrong (Mary Kay Demro Armstrong)
(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2024 DEC 18 AM 10:28
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL

A. DIRECTORS

☒ Chairman Name: JAN ARILD SYVERSEN
☐ Vice Chairman Address: BEMTESVINGEN 26
☐ Director 2013 SKJETTEN
☐ President NORWAY
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: GARD A. BUDENSTAD
☐ Vice Chairman Address: RICHARD BACHES VEI 19
☒ Director 1452 NESODDTANGEN
☐ President NORWAY
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

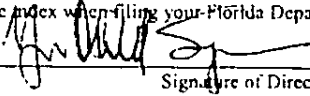
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 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.

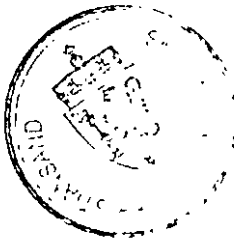
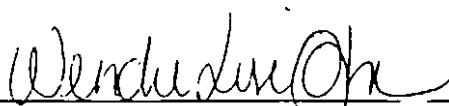
13. JON ARILD SYVERSEN
 (Typed or printed name and capacity of person signing application)



Residence certificate

Certificat de résidence - Bostedsattest
Certificado de domicilio - Meldebescheinigung

Date of birth (1)	National identity number (2)	Last name(s), first name(s), middle name(s) (3)	Resident in Norway from reg.date (4)	Resident in the municipality from reg.date (5)	Resident at present address from reg. date (6)
20.05.1959	200559 26736	SYVERSEN, JON ARILD	20.05.1959	03.08.1987	03.06.2024

This certificate is a printout from the Norwegian National Population Register (7) This certificate is not a confirmation that the person(s) named have a valid Norwegian residence permit, or that they are in fact living in Norway (8)			
Registered residential address (9) Tømtesvingen 26, H0101 2013 SKJETTEN	Municipality (10) LILLESTRØM		
Kristiansand, 03.07.2024   WENCHE LISE OLSEN Higher executive officer			
Place and date (11)	Official stamp (12)	The civil servant's signature and name in block letters (13)	The civil servant's title (14)

Phrases with translations

Phrase	Translations
Date of birth (1)	Date de naissance Fødselsdato Fecha de nacimiento Geburtsdatum
National identity number (2)	Numéro national d'identité Fødselsnummer Número de identidad Identifikationsnummer
Last name(s), first name(s), middle name(s) (3)	Nom(s) de famille, prénom(s), nom(s) intermédiaire Etternavn, fornavn, mellomnavn Apellido(s), nombre(s) Name(n), Vorname(n)
Resident in Norway from reg. date (4)	Résident(e) en Norvège depuis la date d'enregistrement Bosatt i Norge fra registreringsdato Reside en Noruega desde la fecha de inscripción Wohnhaft in Norwegen seit (Datum)
Resident in the municipality from reg. date (5)	Résident(e) dans la commune depuis la date d'enregistrement Bosatt i kommunen fra registreringsdato Vive en el municipio desde fecha de inscripción Wohnhaft in der Gemeinde seit (Datum)
Resident at present address from reg. date (6)	Résident(e) à l'adresse actuelle depuis la date d'enregistrement Bosatt på nåværende adresse fra registreringsdato Vive en el domicilio actual desde fecha de inscripción Wohnhaft unter der derzeitigen Adresse seit (Datum)
This certificate is a print out from the Norwegian National Population Register (7)	Ce certificat est un extrait du Registre de population norvégienne Attesten er en utskrift fra Folkeregisteret El certificado contiene los datos que constan en el Registro Civil Central Diese Bescheinigung ist ein Auszug aus dem zentralen norwegischen Einwohnermeldeamt
This certificate is not a confirmation that the person(s) named have a valid Norwegian residence permit, or that they are in fact living in Norway (8)	Ce certificat ne constitue pas une preuve que la (les) personne(s) mentionnée(s) est (sont) titulaire(s) d'un titre de séjour valide en Norvège, ou qu'elle(s) y réside(nt) effectivement en Norvège Attesten er ikke en dokumentasjon på at personen(e) har gyldig oppholdstillatelse i Norge, eller rent faktisk oppholder seg i Norge. El presente certificado no acredita que la(s) persona(s) tenga(n) permiso de residencia válido en Noruega, ni que de hecho permanezca(n) en este país. Die Bescheinigung dokumentiert nicht, inwieweit die Person(en) eine gültige Aufenthaltsgenehmigung für Norwegen besitzt/besitzen oder sich tatsächlich hier aufhält/aufhalten.
Registered residential address (9)	Adresse résidentielle enregistrée Registrert bostedsadresse Domicilio inscrito Registrierte Wohnadresse
Municipality (10)	Commune Kommune Municipio Gemeinde
Place and date (11)	Lieu et date Sted og dato Lugar y fecha Ort und Datum
Official stamp (12)	Cachet officiel Embetsstempel Sello oficial Dienststempel
The civil servant's signature and name in block letters (13)	Signature du fonctionnaire et nom en lettres majuscules Den statsansattes underskrift og navn med blokkbokstaver. Firma y nombre completo del funcionario en letras mayúsculas Unterschrift des Bediensteten und Name in Blockschrift
The civil servant's title (14)	Titre de fonctionnaire Den statsansattes titel Cargo del funcionario Berufsbezeichnung des Staatsangestellten



Organization number: 989 208 594

Type of company: Limited company

Date of incorporation: 2005-12-19

Registered in the
Register of Business
Enterprises: 2006-02-08

Name: JON A SYVERSEN HOLDING AS

Business address: Tømtesvingen 26
2013 SKJETTEN

Municipality: 3205 LILLESTRØM

Country: Norway

Postal address: P.O. Box 59
1471 LØRENSKOG

Telephone number: + 47 67 97 96 90

Mobile telephone: + 47 950 47 489

E-mail address: jon-arild@jotro.no

Share capital NOK: 244,600.00

General manager/
managing director: Jon Arild Syversen

Board of directors:
Chair of the board: Jon Arild Syversen
Tømtesvingen 26
2013 SKJETTEN

Board member(s): Gard Aleksander Bjørnstad

Deputy board member(s): Alli Halmer Syversen

Signature: The board members separately.

Power of procuration: The chair of the board alone.

Auditor: Certified auditing company
Organization number 919 789 980
NARUM REVISJON AS
Slependveien 48
1341 SLEPENDEN