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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

## 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 at ( 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 (State or country under the law of which it is incorporated)

3. _____ (FEI number, if applicable)

4. 2005-12-19 (Date of incorporation)

5. _____ (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. TOMTESVINGEN 26, 2013 SKJETTEN, NORWAY
(Principal office street address)

jon-arild@jatro.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 6IN 60TH STREET

DUNNELLON, Florida 34432
(City) (Zip code)

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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.***

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]:

A. DIRECTORS

| | | | |
|---|---|---|---|
| ☒Chairman | Name: JAN ARILD SYVERSEN | ☐Chairman | Name: GARD A. BJØRNSTAD |
| ☐Vice Chairman | Address: BEMTESVINGEN 40 | ☐Vice Chairman | Address: RICHARD BACHES VEI 19 |
| ☐Director | 2013 SKJETTEN | ☒Director | 1452 NESODDTANGEN |
| ☐President | NORWAY | ☐President | NORWAY |
| ☐Vice President | | ☐Vice President | |
| ☐Secretary | ☐Treasurer | ☐Secretary | ☐Treasurer |
| ☐Other | ☐Other | ☐Other | ☐Other |

| | | | |
|---|---|---|---|
| ☐Chairman | Name: | ☐Chairman | Name: |
| ☐Vice Chairman | Address: | ☐Vice Chairman | Address: |
| ☐Director | | ☐Director | |
| ☐President | | ☐President | |
| ☐Vice President | | ☐Vice President | |
| ☐Secretary | ☐Treasurer | ☐Secretary | ☐Treasurer |
| ☐Other | ☐Other | ☐Other | ☐Other |

| | | | |
|---|---|---|---|
| ☐Chairman | Name: | ☐Chairman | Name: |
| ☐Vice Chairman | Address: | ☐Vice Chairman | Address: |
| ☐Director | | ☐Director | |
| ☐President | | ☐President | |
| ☐Vice President | | ☐Vice President | |
| ☐Secretary | ☐Treasurer | ☐Secretary | ☐Treasurer |
| ☐Other | ☐Other | ☐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)

**Kingdom of Norway**
Royaume de Norvège - Kongeriket Norge - Reino de Noruega - Königreich Norwegen

# 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)** | **Municipality (10)** |
|---|---|
| Tømtesvingen 26, H0101<br>2013 SKJETTEN | 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) |



RF - 1414B (Godkj. 10 – 2020) Elektronisk utgave

# Phrases with translations

| Phrase | Translations |
|---|---|
| **Date of birth (1)** | Date de naissance<br>Fødselsdato<br>Fecha de nacimiento<br>Geburtsdatum |
| **National identity number (2)** | Numéro national d'identité<br>Fødselsnummer<br>Número de identidad<br>Identifikationsnummer |
| **Last name(s), first name(s), middle name(s) (3)** | Nom(s) de famille, prénom(s), nom(s) intermédiaire<br>Etternavn, fornavn, mellomnavn<br>Apellido(s), nombre(s)<br>Name(n), Vorname(n) |
| **Resident in Norway from reg. date (4)** | Résident(e) en Norvège depuis la date d'enregistrement<br>Bosatt i Norge fra registreringsdato<br>Reside en Noruega desde la fecha de inscripción<br>Wohnhaft in Norwegen seit (Datum) |
| **Resident in the municipality from reg. date (5)** | Résident(e) dans la commune depuis la date d'enregistrement<br>Bosatt i kommunen fra registreringsdato<br>Vive en el municipio desde fecha de inscripción<br>Wohnhaft in der Gemeinde seit (Datum) |
| **Resident at present address from reg. date (6)** | Résident(e) à l'addresse actuelle depuis la date d'enregistrement<br>Bostatt på nåværende adresse fra registreringsdato<br>Vive en el domicilio actual desde fecha de inscripción<br>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<br>Attesten er en utskrift fra Folkeregisteret<br>El certificado contiene los datos que constan en el Registro Civil Central<br>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<br>Attesten er ikke en dokumentasjon på at personen(e) har gyldig oppholdstillatelse i Norge, eller rent faktisk oppholder seg i Norge.<br>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.<br>Die Bescheinigung dokumentiert nicht, inwieweit die Person(en) eine gültige Aufenthalsgenehmigung für Norwegen besitzt/besitzen oder sich tatsächlich hier aufhält/aufhalten. |
| **Registrered residential address (9)** | Adresse résidentielle enregistrée<br>Registrert bostedsadresse<br>Domicilio inscrito<br>Registrierte wohnadresse |
| **Municipality (10)** | Commune<br>Kommmune<br>Municipio<br>Gemeinde |
| **Place and date (11)** | Lieu et date<br>Sted og dato<br>Lugar y fecha<br>Ort und Datum |
| **Official stamp (12)** | Cachet officiel<br>Embetsstempel<br>Sello oficial<br>Dienststempel |
| **The civil servant's signature and name in block letters (13)** | Signature du fonctionnaire et nom en lettres majuscules<br>Den statsansattes underskrift og navn med blokkbokstaver.<br>Firma y nombre completo del funcionario en letras mayúsculas<br>Unterschrift des Bediensteten und Name in Blockschrift |
| **The civil servant's title (14)** | Titre de fonctionnaire<br>Den statsansattes tittel<br>Cargo del funcionario<br>Berufsbezeichnung des Staatsangestellten |



RF - 1414B (Gockj. 10 – 2020) Elektronisk utgave

The Brønnøysund Register Centre

# Certificate of Registration

| | |
|---|---|
| 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<br>2013 SKJETTEN |
| Municipality: | 3205 LILLESTRØM |
| Country: | Norway |
| Postal address: | P.O. Box 59<br>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<br>Tømtesvingen 26<br>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<br>Organization number 919 789 980<br>NARUM REVISJON AS<br>Slependveien 48<br>1341 SLEPENDEN |

Enterprises