

F 12000002417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

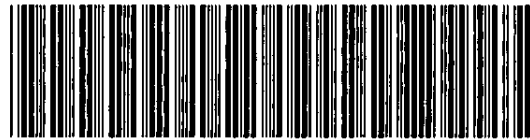
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/12--01013--014 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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6/11/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SKEDSMO MEDISINSKE SENTER AS INC.

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:

KNUT RISBERG

Name of Person

SKEDSMO MEDISINSKE SENTER AS INC.

Firm/Company

PRESTHAGAVEIEN 20

Address

2020 SKEDSMOKORSET, NORWAY

City/State and Zip code

knrisb@online.no

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KNUT RISBERG

Name of Person

at (+47) 41034040

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$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

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**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. SKEDSMO MEDISINSKE SENTER AS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SKEDSMO MED. SENTER AS INC.

(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. Applied For

(FEI number, if applicable)

4. 09-01-1996

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. PRESTHAGAVEIEN 20, 2020 SKEDSMOKORSET, NORWAY

(Principal office address)

PRESTHAGAVEIEN 20, 2020 SKEDSMOKORSET, NORWAY

(Current mailing address)

8. RENTAL ACTIVITY

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Florida Scandinavian Vacation Homes and Management LLC

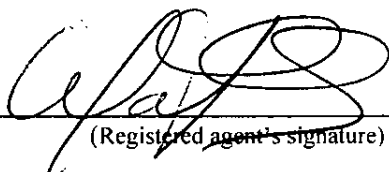
Office Address: 8701 W Irlo Bronson Memorial Hwy, Suite 136

Kissimmee, Florida 34747
(City) (Zip code)

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10. **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.


(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KNUT RISBERG

Address: PRESTHAGAVEIEN 20, 2020 SKEDSMOKORSET, NORWAY

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. KNUT RISBERG, PRESIDENT

(Typed or printed name and capacity of person signing application)



The Brønnøysund
Register Centre

Certificate of Registration

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Organization number: 976 866 096

Type of company: Limited company

Date of incorporation: 1996-09-01

Registered in the
Register of Business
Enterprises: 1996-12-12

Name: SKEDSMO MEDISINSKE SENTER AS

Business address: Presthagaveien 20
2020 SKEDSMOKORSET

Municipality: 0231 SKEDSMO

Country: Norway

Telephone number: + 47 64 83 80 80

Share capital NOK: 2,200,000.00

General manager/
managing director: Knut Risberg

Board of directors:
Chairman of the board: Knut Risberg
Røhrts Vei 52
1181 OSLO


Deputy board member(s): Reidar Mathisen

Signature: The chairman of the board alone.

Auditor: Certified auditing company
Organization number 982 824 133
REVISORTEAM DA
Tønne Huitfeldts plass 2
1767 HALDEN

The Brønnøysund Register Centre

The Register of Business Enterprises,
2012-05-18


Geir Andreassen
Group Manager





Brønnøysundregistrene

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DIVISION OF CORPORATIONS

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SKEDSMO MEDISINSKE SENTER AS
Presthagaveien 20
2020 SKEDSMOKORSET

E-postadresse
knrisb@online.no

Antall sider inkl. denne: 2

Brønnøysund 17.05.2012

LEVERING FRA BRØNNØYSUNDREGISTRENE

<u>Vår ref</u>	<u>Kundenr</u>	<u>Deres ref</u>	<u>Gebyr</u>
20120000704984-00002	864697	864697-2, Knut Risberg	384.00
Firmaattest på engelsk, signert			
Organisasjonsnr: 976 866 096			
Foretaksnavn: SKEDSMO MEDISINSKE SENTER AS			
Grunnlag : FA, engelsk signert			

Betaling med faktura: Faktura kommer i egen forsendelse.
Betaling med kort (nettbutikken): Kvittering blir lagret i
nettbutikken i 30 dager.

Med hilsen
BRØNNØYSUNDREGISTRENE