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(R	equestor's Name)		
(A	ddress)		
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(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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-	Office Use Only		



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SICRETARY OF STATE
TALLAHASSEE, FLORID.

JAN 9 7 2015

S. GILBERT

### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Mapping Industries, 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:
Thomas H. Thorelli
Name of Person
Thorelli & Associates
Firm/Company
70 W Madison St., Ste. 5750
Address
Chicago IL 60602
City/State and Zip code
lawfirm@thorelli.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas H. Thorelli at (312 ) 357-0300  Name of Person Area Code & Daytime Telephone Number
Name of Person 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certificate of Status Certified Copy 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.

44	Industries, Inc.		
	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
· .			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	usiness in Florida)
2. California	a	•	
	ry under the law of which it is incorporated)	(FEI number, if applic	able)
4 7/8/2009	· · · · · · · · · · · · · · · · · · ·	perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exi	ist or "perpetual")
6			·
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_ 240 Stock	kton Street, 6th Floor, San	•	4108
<u>,                                  </u>	(Principal office add	<del></del>	
70 W Mad	lison St., Ste. 5750, Chicago	IL 60602	
	(Current mailing add	lress)	<u> </u>
•		•	CRE JAN
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	(S) 1
· Name:	Corporation Service Comp	any	SEC D
Office Address:	1201 Hays Street		PF ST
	Tallahassee	. Florida 32301	RED S
	(City)	(Zip code)	· · · · · · · · · · · · · · · · · · ·
O Degistered og	out's aggentance		•

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.

Corporation Service Company

By: Rudsy B

Lindsey Buis, Asst. Secretary

(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. Names and business addresses of officers and/or directors:	•
A. DIRECTORS	
Chairman: Johan Nissvik	
Address: Södra Varvsgatan 50	
593 31 Västervik Sweden	
Vice Chairman:	
Address:	
Director: Mats Svensson	
Address: Södra Varvsgatan 50	
593 31 Västervik Sweden	•
Director: Stefan Carlsson	
Address: One Embarcadero Center, Suite 500	
San Francisco, California 94111	
B. OFFICERS	
President: Johan Nissvik	
Address: Södra Varvsgatan 50	
593 31 Västervik Sweden	
Vice President: Stefan Carlsson	
Address:	
Secretary: Thomas H. Thorelli	
Address: 70 W Madison St., Ste. 5750, Chicago IL 60602	
Treasurer: Mats Svensson	
Address: Södra Varvsgatan 50, 593 31 Västervik Sweden	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
2.	
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 here are true and that he or she is aware that false information submitted in a document to the Department of State constitution third degree felony as provided for in s.817.155, F.S.	in ites
3. Thomas H. Thorelli, Secretary	 
(Typed or printed name and capacity of person signing application)	

## State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

MAPPING INDUSTRIES, INC.

FILE NUMBER:

C3220527

FORMATION DATE:

07/28/2009

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 12, 2014.

DEBRA BOWEN Secretary of State