

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ELT 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:

SIMON B. HOWELL

Name of Person

HOWELL INTERNATIONAL TAX

Firm/Company

8701 W. IRLO BRONSON MEMORIAL HWY, SUITE 100

Address

KISSIMMEE, FLORIDA 34747

City/State and Zip code

SIMON.HOWELL@HOWELLINTERNATIONALTAX.COM

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

For further information concerning this matter, please call:

SIMON B. HOWELL at (407) 245-7600

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 & 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. ELT 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. 98-1152736

(FEI number, if applicable)

4. 30 OCTOBER, 2006

(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. GRIVIVEGEN 54 3802 BO I TELEMARKE NORWAY

(Principal office address)

GRIVIVEGEN 54 3802 BO I TELEMARKE NORWAY

(Current mailing address)

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

Name: SIMON B. HOWELL

Office Address: 8701 W. IRLO BRONSON MEMORIAL HWY

SUITE 100, KISSIMMEE, Florida 34747

(City)

(Zip code)

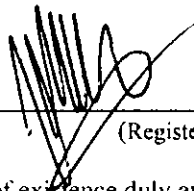
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 12 AM 11:46

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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.



(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: ANDRES EIKA
Address: GRIVIVEGEN 54
3802 BO I TELEMARK NORWAY

Vice Chairman: _____
Address: _____

Director: HILDE GUNDERSEN EIKA
Address: GRIVIVEGEN 54
3802 BO I TELEMARK NORWAY

Director: _____
Address: _____

B. OFFICERS

President: _____
Address: _____

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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

12. Andres Eika
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.

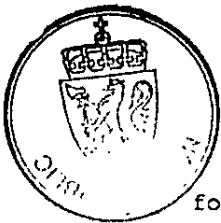
13. ANDRES EIKA MEMBER/DIRECTOR
(Typed or printed name and capacity of person signing application)



Organization number: 990 441 529
Type of company: Limited company
Date of incorporation: 2006-10-17
Registered in the
Register of Business
Enterprises: 2006-10-30
Name: ELT AS
Business address: Grivivegen 54
3802 BØ I TELEMARK
Municipality: 0821 BØ
Country: Norway
Share capital NOK: 100,000.00
General manager/
managing director: Andres Eika
Board of directors:
Chairman of the board: Andres Eika
Grivivegen 54
3802 BØ I TELEMARK
Deputy board member(s): Hilde Gundersen Eika
Signature: The chairman of the board alone.
Power of procuration: The chairman of the board alone.
Audit of annual
accounts: The business enterprise's annual
accounts shall not be audited.

The Brønnøysund Register Centre

The Register of Business Enterprises,
2014-01-10



Frank Øvensson
Notary Public

for the Brønnøysund Register Centre

Geir Andreassen
Group Manager

