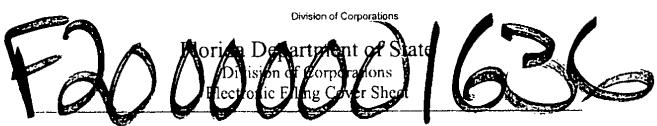
4/1/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Delivery Technologies US, Inc.

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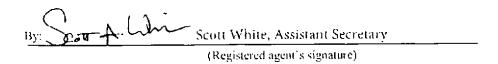
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Delivery Technologies US, Inc. 1. (Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp," "Inc." "Co.," or "Corp.") Cornershop Delivery Technologies US, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida). 85-0568776 Delaware (FEI number, if applicable) (State or country under the law of which it is incorporated) March 26, 2020 (Date of incorporation) March 26, 2020 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2875 Pacific Ave, San Francisco, CA 94115 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation,

## 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.



(City)

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 \_ Oskar Hjertonsson Director: 2875 Pacific Ave. San Francisco, CA 94115 Address. Address \_ B. OFFICERS Oskar Hjertonsson President. 2875 Pacific Ave. San Francisco, CA 94115 Address: \_\_ Vice President; \_\_\_\_\_\_\_ Oskar Hjertonsson 2875 Pacific Ave, San Francisco, CA 94115 Address. Oskar Hjertonsson Treasurer: 2875 Pacific Ave. San Francisco, CA 94115 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Oskar Hurtonsson Signature of Director or Officer -- EBFD9176006840F 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. Oskar Hjertonsson, President

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



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DELIVERY TECHNOLOGIES US, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202691369

Date: 03-31-20