M1900000266S

(Re	questor's Name)	
(Ad	dress)	
	dress)	
<i>(, , o</i>	uicos)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	siness Entity Nar	me)
(50	Silless Chilly Ival	110)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500326551235

2819 P.O. 10 CU 5: 83

19 HAR 19 PH 2: 03

3/20/19706

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 684499 8264630

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 14, 2019

ORDER TIME : 12:53 PM

ORDER NO. : 684499-005

CUSTOMER NO: 8264630

FOREIGN FILINGS

NAME: KRASH LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate t	ame adopted for the purpose of transacting business in Fl	onda. The a	Itemate name m	ist include "Limited Liabil	ity Company,"	"1. L C," or "I.L
Delaware		3.				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(Hil number, if applicable)		1	
Upon filing					<u>;</u>	~
	(Date first transacted business in Flooda, if prior to (See sections 605 0904 & 605 0905, F.S. to detern	registration nine penalty) Nafality)			23 23
1/7 Sir Laurence Dri		6	1/7 Sir La	urence Drive		Ŧ.,
(Street Address of	Principal (Mice)	٠.		(Mailing Addres	()	د
Seaford, Victoria			Seaford,	Victoria		3
Australia 3198			Australia	3198		্ল কু
	· · · · · · · · · · · · · · · · · · ·				· ·	
Name and street address Name:	ss of Florida registered agent: (P.O. Bo: Corporation Service Company	x <u>NOT</u> a	acceptable)			
Name.	· · · · · · · · · · · · · · · · · · ·					
Office Address:	1201 Hays Street	·				
	Tallahassee			32301		
			121.	orida		

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 Emily Croft

| Registered agent Paramer Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Nicholas Barton Manager Manager Name: _____ 1/7 Sir Laurence Drive Member Address: ☐ Member Address: ______ Seaford, Victoria Authorized Authorized Australia 3198 Person Person Other Other Other Other____ Christopher Barton Name: Manager Manager | 1/7 Sir Laurence Drive Member Address: Member Address: Seaford, Victoria Authorized Authorized Australia 3198 Person Person Other_ Other Other____ Other Manager Name: _____ Manager | Name: ■ Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other____ Other_ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any 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. Signature of an authorized person Nicholas Barton, Member

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "KRASH LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIFTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KRASH LLC" WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2019.

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





Authentication: 202449780

Date: 03-15-19

7309331 8300 SR# 20192006792