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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account name : CORPORATE CREATIONS INTERNATIONA

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

| Emai: | Address: | : |
|-------|----------|---|
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FOREIGN PROFIT/NONPROFIT CORPORATION

NAAS, Inc.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

D. SCOTT

FEB 1 6 2017

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Corporate Filing Menu

Help

under the law of which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| NAAS, Inc. | | NESS IN THE STATE OF FLORIDA. |
|--|--|---|
| (Enter name of co | rporation; must include "INCORPORATED," "Comp." "Inc," "Co," or "Corp.") | OMPANY," "CORPORATION," |
| (If name unavails | ble in Florida, enter alternate corporate name adop | ted for the purpose of transacting business in Florida) |
| California | 3 | |
| | under the law of which it is incorporated) | (FEI number, if applicable) |
| - Date | of incorporation) | (Date of duration, if other than perpetual) |
| 1/13/2017 | an oman baranam | from or ammon'n amier men herberrerd |
| | lvd., 5th Floor, Los Angeles, CA 90024 (Principal o | Tics address) |
| | | into manday |
| | (Current mailing ac | |
| Name and stree | , , | dress, if different) |
| . Name and stree | (Current mailing ac t address of Florida registered agent: (P.O. B eResidentAgent, Inc. | dress, if different) |
| | t address of Florida registered agent: (P.O. B | dress, if different) ox NOT acceptable) |
| Name; | t address of Florida registered agent: (P.O. B eResidentAgent, Inc. 236 E 6th Ave. | dress, if different) ox NOT acceptable) |
| Name; | t address of Florida registered agent: (P.O. B eResidentAgent, Inc. 236 E 6th Ave. | dress, if different) ox NOT acceptable) |
| Name; office Address: Registered agi laving been nam lesignated in this urther agree to c | t address of Florida registered agent: (P.O. B eResidentAgent, Inc. 236 E 6th Ave. Tallahassee (City) sent's acceptance: sed as registered agent and to accept service of application, I hereby accept the appointment | dress, if different) ox NOT acceptable) , Florida (Zip code) of process for the above stated corporation at the plat as registered agent and agree to act in this capacitive to the proper and complete performance of my |

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

| II. Name | s and business addresses of officers and/or directors: | | | |
|-----------------------------|--|---|--|--|
| A. DIRE | CTORS | | | |
| Chairman: | Amanda Cerny | | | |
| 3 | 10960 Wilshire Blvd., 5th Floor, Los Angeles, CA 90024 | | | |
| | | | | |
| _ | | | | |
| Vice Chain | man: | | | |
| Address: _ | | | | |
| · · · · · · · · · · · · · · | | | | |
| Director: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Director | | | | |
| Address: | | | | |
| | | | | |
| B. OFF | ICERS | | | |
| President: | Amanda Cerny | | | |
| | 10960 Wilshire Blvd., 5th Floor, Los Angeles, CA 90024 | | | |
| 11000 | | | | |
| | | | | |
| Vica Presi | ident | = 10 | | |
| Address: | | | | |
| | | 三 | | |
| Secretary: | Amanda Cerny | श्रीचा जिल्ला | | |
| Address: | 10960 Wilshire Blvd., 5th Floor, Los Angeles, CA 90024 | | | |
| Treasurer | Amanda Cerny | 92.8 | | |
| Address: | 10960 Wilshire Blvd., 5th Floor, Los Angeles, CA 90024 | | | |
| | | | | |
| 1 | If necessary, you may attach an addendum to the application listing add | litional officers and/or directors. | | |
| 12. 🗸 | Signature of Director or Officer | | | |
| The offic | cer or director signing this document (and who is listed in number 11 ab | ove) affirms that the facts stated herein | | |
| are true | and that he or she is aware that false information submitted in a docume egree felony as provided for in s.817.155, F.S. | nt to the Department of State constitutes | | |
| | anda Cerny, President | | | |
| .~. | (Typed or printed name and capacity of person signing | application) | | |

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NAAS, INC.

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

C3884849 03/11/2016

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 finance 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 January 13, 2017.

> ALEX PADILLA Secretary of State