FM000004981

(Requ	iestor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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D. SCOTT 6 2017 VON

COVER LETTER

•	stration Section of Cor							
SUBJECT:	Cransten,	lnc.						
			of corpora	tion - mu	st include suffix			_
Dear Sir or M	ladam:							
"Certificate o	f Existenc		te of Good !	Standing'	orization to Transa and check are sub Florida.			
Please return	all corresp	ondence concer	ning this ma	itter to th	e following:			
	David L	. Benson						
			Name	of Perso	n			-
	Cran	sten, Inc.						_
			Firm/C	Company				_
	1849 W	/ 645 S				_		_
,			A	ddress			1	_
	Orem,	UT 84058				ı, ALLI		=-
-			·	te and Zi	code	AHAS ASS	NON -	
	dbens	on@cransten.com E-mail addre	ss: (to be us	ed for fu	ture annual report	notification)		-,
For further in	ıformation	concerning this	matter, plea	se call:			ا بب —	Ü
David Benson			at (805) 75	4-5940	`U*		
Nam	e of Perso	n	Area (Code	Daytime Telep	hone Number		
Regis Divis Clifte 2661	stration Se sion of Cor on Buildin	porations g Center Circle	SS:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		
Enclosed is a	check for	the following ar	nount:				4	
□ \$70.00 Fi	ling Fee	S78.75 Fili Certificate			.75 Filing Fee & tified Copy	S87.50 Fil Certificat Certified	e of Status	s &

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. Cransten, Inc.				
(Enter name of c	orporation; must include "INCORPO orp," "Inc," "Co," or "Corp.")	RATED," "COMPANY," "COI	RPORATION,"	
Cransten				
(If name unavail	able in Florida, enter alternate corpor	ate name adopted for the purpose	of transacting business in Fl	lorida)
2. Delaware		3		4
(State or countr	y under the law of which it is incorpo	orated) (FEI)	number, if applicable)	· 1
4. 01/28/2017		5	ation, if other than perpetual)	
(Date	of incorporation)	(Date of dura	ition, if other than perpetual)	
6. December 1, 20				_ ; }
		ousiness in Florida, if prior to reg & 607.1502, F.S., to determine		
7. 9980 S 300	W Ste 200 Sandy, UT	84070		
,		(Principal office address)		
	(Curi	rent mailing address, if different)		
0. Managed at a second	et address of Florida registered ag	ont: (D.O. Poy MOT accepts	hle)	野三
8. Name and stree	:Taddress of Fiorida registered ag	ent. (r.o. box <u>nor</u> accepta	E i	三
Name:	InCorp Services, me.		ASS ASS	
Office Address:	17888 67th Court North		m _e ,	w fin
4		DI 11 22470		D
	Loxahalchee (City)	, Florida <u>33470</u> (Zip	code)	<u></u>
	(5,)	(0°	٠ ا
	ent's acceptance: ned as registered agent and to acc	nent semiles of process for the	ahove stated cornoration	at the place
designated in this	application, I hereby accept the	appointment as registered ag	ent and agree to act in th	ris capacity. I
	omply with the provisions of all			ice of my
duties, and I am j	familiar with and accept the oblig	ganons of my position as regi	steren agent	1
		Jennifer Sharp on beha	alf of InCorp Services,	, Inc.
	(R	egistered 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. DIREC	TORS			
Chairman:	Trevor Meddux			1
Address: _	9980 S 300 W Ste 200			<u> </u>
_	Sandy, UT 84070			
Vice Chairn	nan:			1
				1
_				
Director: _	David Benson			<u> </u>
Address:	9980 S 300 W Ste 200			
	Sandy, UT 84070	·····		<u> </u>
Director: _				
Address:				
_				
B. OFFIC	ERS	ĬŽ.	D3	
'resident: _	Trevor Maddux	IVET PER	NON LIES	<u></u> -
ıddress:	9980 S 300 W Ste 200	ASSE ASSE	- - - 	
_	Sandy, UT 84070		- 7) -	<u> </u>
ice Preside	ent:	E. FLORIO	بب	Ψ_
ddress:				<u> </u>
_				
cretary: _	David Benson			
dress:	9980 S 300 W Ste 200, Sandy, UT 84070	 .	 	<u> </u>
:asurer:				
dress: _		 -		
)TE: If	necessary, you may attach an addendum to the application listing additional offi	cers and/o	r direct	ors.
	is with flur			
true an	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirm that he or she is aware that false information submitted in a document to the Decree felony as provided for in s.817.155, F.S.			
	David Benson Secretary (Typed or printed name and capacity of person signing application)			,
	(1 yped or printed name and capacity of person signing application))		

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CRANSTEN, 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 NINTH DAY OF OCTOBER, A.D. 2017.

TALLAHASSEE, PLOBIA

Jeffrey W. Duback, Secretary of State

Authentication: 203369070

Date: 10-09-17

5949838 8300 SR# 20176537441