## F18000003667

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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FILED

18 AUG-9 PM 3: 00

SEURETARY OF STATE
SEURETARY OF FLORIDA

TALL AUG CORPORATIONS
AND OF CORPORATIONS
AND

K. SALY AUG 1 0 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 331408 7862708

AUTHORIZATION : Squal Belgin

COST LIMIT : \$ 14ን0.00

ORDER DATE : August 2, 2018

ORDER TIME : 8:50 AM

ORDER NO. : 331408-015

CUSTOMER NO: 7862708

## FOREIGN FILINGS

NAME: CROWDSTRIKE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

~	iration Section ion of Corporations			
	CROWDSTRIKE, INC.			
SUBJECT:	Name	of corporation	ı - must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Conference," or "Certificate ced foreign corporation to the conference of the	e of Good Stai	nding" and check are sul	nct Business in Florida," omitted to register the
Please return a	all correspondence concern	ing this matte	r to the following:	
		Name of	Person	
CROWDSTRIE	KE, INC.			
_		Firm/Con	npany	
150 MATHILD	DA PLACE, SUITE 300			
		Addr	ess	
SUNNYVALE	, CA 94086			
	<del></del>	City/State a	nd Zip code	
ARIE.YTSMA	@CROWDSTRIKE.COM			
	E-mail address	s: (to be used t	for future annual report	notification)
For further infe	ormation concerning this m	natter, please o	call:	
ARIE YTSMA		715 at (	829-2360	
Name	of Person	Area Cod	e Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a c	heck for the following amo	ount:		
■ \$70.00 Filin	ng Fee		\$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.

Name:    Corporation Service Company	(Enter name of c	corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086  (Principal office address)  (Principal office address)  (Principal office address)  Name:  Corporation Service Company  Name:  1201 Hays Street  Tallahassee  , Florida  (City)  (City)  7. Florida  (City)  7. Fl	(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)	
(State or country under the law of which it is incorporated)  (8729/2011  (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086  (Principal office address)  (Current mailing address, if different)  (Current mailing address, if different)  Name:  Corporation Service Company  Office Address:  Tallahassee  1201 Hays Street  Tallahassee  , Florida  (City)  7. Florid	DELAWARE 2.		5-3135639	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  1201 Hays Street  Tallahassee  Tallahassee  (City)  7. Florida  (City)	(State or countr 08/29/2011		(FEI number, if applicable)	
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporation Service Company   1201 Hays Street	08/20/2012	of incorporation)	(Date of duration, if other than perpetual)	
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Corporation Service Company		(SEE SECTIONS 607.1501 & 607.150)	2, F.S., to determine penalty liability)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Corporation Service Company  Name:  1201 Hays Street  (City)  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the placed designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. 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.	7	(Principal	office address)	
Office Address:  Tallahassee  (City)  (City)  (Zip code)  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. 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.	8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	7
Tallahassee  (City)  (City)  (Zip code)  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. 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.			- LORIDE	)
(City) (Zip code)  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. 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.	511100 / Hadi 655.	Tallahassee		
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. 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)		
Deveno Turnor	Having been nam designated in this further agree to co	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	nt as registered agent and agree to act in this capacity.  ative to the proper and complete performance of my	; I
Hoxanne lumer	0	amounting Service Commence	Roxanne Turner	٠.+
Corporation Service Company  Asst. Vice Presider  By: (Callul Value)		Asst. Vice Presider	IL	

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 GERHARD WATZINGER Chairman: 150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086 Address: \_\_ Vice Chairman: Address: GEORGE KURTZ Director: 150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086 Address: CARY DAVIS Director: 150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086 Address: **B. OFFICERS GEORGE KURTZ** President: 150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086 Address: \_ Vice President: **GEORGE KURTZ** Secretary: 150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086 Address: \_ **BURT PODBERE** Treasurer: 150 MATHILDA PLACE, SUITE 300, SUNNYVALE, CA 94086 NOTE: If necessary may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer 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.

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROWDSTRIKE, 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 SECOND DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CROWDSTRIKE, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2011.

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



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SR# 20185985768

Date: 08-02-18

Authentication: 203179275