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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 892718 5154219 AUTHORIZATION COST LIMIT ORDER DATE: August 21, 2019 ORDER TIME : 2:04 PM ORDER NO. : 892718-005 CUSTOMER NO: 5154219 FOREIGN FILINGS NAME: CRYSTALS.COM, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Crystals.com, Inc.						
SODJ		lame of corporation	n - must	include suffix			
Dear S	Sir or Madam:						
"Certif	iclosed "Application by Forei ficate of Existence," or "Certi referenced foreign corporatio	ficate of Good Sta	anding" a	nd check are sub			
	return all correspondence con Kennedy	ncerning this matte	er to the f	following:			
		Name o	f Person				
Perkin	s Coie LLP						
	<u> </u>	Firm/Co	mpany				
3150 P	Porter Drive		• -				
		Add	ress				
Palo A	lto, California 94304					2	
City/State and Zip code						PIIA EIIG	
MKeni	nedy@perkinscoie.com					[5	13.1
	E-mail ac	ldress: (to be used	for futur	e annual report	notification)	12	. स्का १८९ ज्ञा
For further information concerning this matter, please call:						AM 9	
Marty	Kennedy	650	838-	4434	7.1	<u></u>	
	Name of Person	at (Area Co) de	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314							
Enclos	ed is a check for the followin	g amount:					
□ \$70	•	Filing Fee & {		5 Filing Fee & led Copy	S87.50 Fil Certificat Certified	e of S	tatus &

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.

Crystals.com, It	nc.					
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	I ,"			
Delaware	able in Florida, enter alternate corporate name ad		_	in Florie	 ja)	
August 20, 2019	y under the law of which it is incorporated) 5					
August 20, 2019	of incorporation)		than perpe	tual)		
_ 820 W. 41st Stree	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150 et, Fourth Floor, Miami Beach, FL 33140	z, F.S., to determine penany haom	ty)			
		office address) address, if different)				
8. Name and stree	et address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	; ; . 	2019 AUG 2	 	
Office Address:	1201 Hays Street Tallahassee	32301		21 AM 9:4	THE THE SAME THE SAME	
	(City)	, Florida (Zip code)	-	9: [+	V Roman	

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.

Corporation Service Company

By: Roxanne Turner
Asst. Vice President

(Registered 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. DIRECTORS Chairman: _______ Address: Vice Chairman: _____ Address: Brittany Roughton Director: 820 W. 41st Street, Fourth Floor Address: Miami Beach, FL 33140 Address: _____ **B. OFFICERS** President: Address: _______ Vice President: Address: Secretary: _____ Address: _____ Address: ____ **NOTE:** If necessary, you 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. Brittany Roughton, Director

(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 "CRYSTALS.COM, 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 TWENTY-FIRST DAY OF AUGUST, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRYSTALS.COM,
INC." WAS INCORPORATED ON THE TWENTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.



Authentication: 203448901

Date: 08-21-19

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