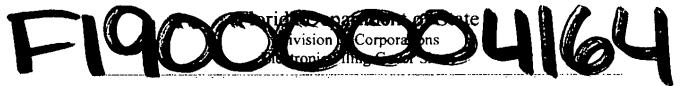
To:

9/10/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

 ${}^{ullet}{}^{ullet}$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Skar Audio, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	EIGN CORPORATION TO TRANSA	ICT BUSINESS IN THE STATE OF FLOR	IDA.
Skar Audio, Inc.			
	rporation; must include "INCORPORAT rp," "Inc." "Co," or "Corp.")	TED." "COMPANY." "CORPORATION."	
٠			•
(If name unavaila	ble in Florida, enter alternate corporate n	iame adopted for the purpose of transacting bu	siness in Florida)
•		. 45-4281529 3	
(State or country	under the law of which it is incorporate	d) (FEI number, if applica	ible)
September 6, 201		5	
(Date	of incorporation)	(Date of duration, it other than	perpetual)
			
		less in Florida, if prior to registration)	
5 10 1 11 1 1	•	607.1502, F.S., to determine penalty liability)	
5424 W. Crensnav	v Street, Tampa, FL 33634-3009		
	- (P	rincipal office address)	
			20
	(Current t	mailing address, if different)	
			19 SEP
Name and street	address of Florida registered agent:	(P.O. Box NOT acceptable)	=
Name:	C T Corporation System		
	1200 South Pine Island Road	***	-
ffice Address:			ω
	Plantation	33324 , Florida	$\tilde{\omega}$
	(City)	(Zip code)	
Registered age	nt's acceptance:		
signated in this other agree to co	application, I hereby accept the app omply with the provisions of all state	service of process for the above stated co pointment as registered agent and agree to utes relative to the proper and complete p ons of my position as registered agent.	o act in this capacity
•	Ω	Angel Shearer	
. /	Luce Shearer	Assistant Secretary	
. (/ ·	•	

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.

RECTORS							
Kevin Schlenker		٠	•				
5424 W. Crenshaw Street, Tar	npa, FL 33634-3009						
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Kevin Schlenker							
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Kevin Schlenker ary:	•				· · · · · ·	<u>~~~~~</u>	
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SS: Kevin Schlenker	*		,				
Kevin Schlenker rer: 5424 W. Crenshaw Street, Ta	mps_FL_33634-300	9 :					
.99;		. 	·····		·		
E: If necessary, you may attac	h an addendum to	the applicat	ion listing a	lditional of	ficers and/or	directors.	
How Allh	Signature of			· . ——— · —		· ·	
officer or director signing this c	locument (and who	o is listed in	number 11 a	ibove) affir	rns that the li	acts states	i here
ue and that he or she is aware t	hat talse informati	on submitte	d in a docun	ient to the l	Department c	if State co	nstitu

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SKAR AUDIO, 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 TENTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203561616

Date: 09-10-19