# F22000004880

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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporatio	ns		1		
SUBJECT: Clash Industries In					
	Name of corporation -	must include suffix			_
Dear Sir or Madam:					
The enclosed "Application by I "Certificate of Existence," or "cabove referenced foreign corpo	Certificate of Good Standi	ng" and check are sub	ect Business in F pmitted to registe	lorida," or the	
Please return all correspondence	e concerning this matter to	the following:			
Shawna Bryson					
	Name of Pe	rson			-
Harbor Compliance					
	Firm/Compa	iny			_
1830 Colonial Village Ln				٠,	P
	Address	<del>-</del>	<u> </u>		- 2
Lancaster, PA 17601				$\frac{2}{3}$	<u>.</u> 2
	City/State and	Zip code		1.1	_ ``
sbryson@harborcompliance.com				· • ·	>- .K
E-ma	ail address: (to be used for	future annual report	notification)	; · ·	<del></del>
For further information concern	ing this matter, please call	:		,	£
Shawna Bryson	at ( <sup>717</sup>	670-8145			
Name of Person	Area Code	Daytime Telep	hone Number		
STREET/COURIER A Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	s	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
<del>-</del>	DRIDA DEPARTMENT OF 8.75 Filing Fee & S	F STATE 78.75 Filing Fee & Certified Copy	\$87.50 Fil	e of Status	: &

## 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.

(Enter name of a	orporation; must include "INCORPORATED	." "COMPANY." "CORPORATION"	
	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	siness in Florida)
Delaware		88-2839589	,
(State or count	y under the law of which it is incorporated)	(FEI number, if application	able)
05/25/2022	5	perpetual	
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	/D		
		n Florida, if prior to registration)	
202 C D	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	
283 Cranes Roos	(SEE SECTIONS 607.1501 & 607.1 Blvd., Ste 111 Altamonte Springs, FL 32701	502, F.S., to determine penalty liability)	
	(SEE SECTIONS 607.1501 & 607.1 Blvd., Ste 111 Altamonte Springs, FL 32701	502, F.S., to determine penalty liability)	
283 Cranes Roos  Same as above	(SEE SECTIONS 607.1501 & 607.1 Blvd., Ste 111 Altamonte Springs, FL 32701 (Principal of	502, F.S., to determine penalty liability) ice street address)	
	(SEE SECTIONS 607.1501 & 607.1 Blvd., Ste 111 Altamonte Springs, FL 32701 (Principal of	502, F.S., to determine penalty liability)	ني. **
Same as above	(SEE SECTIONS 607.1501 & 607.1501	502, F.S., to determine penalty liability)  ice <u>street</u> address)  ng address, if different)	
Same as above	(SEE SECTIONS 607.1501 & 607.1501	502, F.S., to determine penalty liability)  ice <u>street</u> address)  ng address, if different)	
Same as above	(SEE SECTIONS 607.1501 & 607.151 & 6	502, F.S., to determine penalty liability)  ice <u>street</u> address)  ng address, if different)	
Name and stree	(SEE SECTIONS 607.1501 & 607.1501	502, F.S., to determine penalty liability)  ice <u>street</u> address)  ng address, if different)	
Same as above  Name and street	(SEE SECTIONS 607.1501 & 607.151 & 6	502, F.S., to determine penalty liability)  ice <u>street</u> address)  ng address, if different)	

### 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.

Registered Agents Inc.
Bill Havre - Assistant Secretary

(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.

#### A. DIRECTORS James H. Timberlake, Jr. Name: **■**Chairman □Chairman 238 Cranes Roost Blvd. □ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_ Stc 111 □ Director Director Altamonte Springs, FL 32701 ■ President □ President ☐ Vice President ☐ Vice President ☐Treasurer □ Secretary ☐ Secretary □Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ Other \_\_\_\_ Jean Briand Chairman Name: ☐ Chairman Name: \_\_\_\_\_ 283 Cranes Roost Blvd. Address: \_\_\_\_ ☐ Vice Chairman Address: ☐ Vice Chairman Ste 111 □ Director □ Director Altamonte Springs, FL 32701 □President □President □Vice President \_\_\_\_\_ ☐ Vice President ☐Treasurer. ■ Secretary Treasurer ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: □ Chairman Name: ☐ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_ Director Director ☐ President □President □ Vice President \_\_\_\_\_ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. /s/ Jean Briand 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.

Jean Briand- Secretary/Treasurer



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

DELAWARE, DO HEREBY CERTIFY "CLASH INDUSTRIES 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 SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLASH INDUSTRIES INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2022.

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

Authentication: 203842628

Date: 07-06-22