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S. ROBERTS UCT 11 2022

COVER LETTER

TO:	-	tion Section of Corporation	S				
SHRII	FCT· A	nerican Syn-Turt	. Inc.				
3000			Name of c	orporation	- must	include suffix	
Dear Si	ir or Mada	ım:					
"Certifi	icate of E		ertificate of	Good Stanc	fing" ar	nd check are sub	et Business in Florida," mitted to register the
Please	return all	correspondence	concerning	this matter	to the f	ollowing:	
Theresa	Kotch						
		_		Name of F	erson		
America	an Syn-Tu	rf, Inc.					
			- <u>-</u>	Firm/Comp	nany		
5960 In	glewood D	rive Suite 150					
		, · · · . <u> </u>		Addre:	88		
Pleasan	ton, CA 94	588					
			C	ity/State an	d Zip c	rode	
theresa_	_kotch@gl	obalsynturf.com					
		E-ma	il address: (t	o be used fo	ər futur	e annual report n	notification)
For fur	ther infor	nation concerni	ng this matte	er, please ca	ıll:		
Theresa	Kotch	cha		510 3		Daytime Telephone Number	
	Name o	[*] Person		Area Code	_/	Daytime Telepl	hone Number
	Registrat Division The Cen 2415 N.	I/COURIER A ion Section of Corporations tre of Tallahasse Monroe Street. see, FL 32303	s ee			MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please n				ARTMENT ce &	\$78.73	ATE 5 Filing Fee & Ted Copy	S87,50 Filing Fee. Certificate of Status & Certified Copy

under the law of which it is incorporated.

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.

(Date first transacted business in E SECTIONS 607,1501 & 607,150 egas, NV 89138	(Date of duration, if other	than perpetual)
(Date first transacted business in E SECTIONS 607.1501 & 607.150 egas, NV 89138	(FEI number, if appears of duration, if other (Date of duration, if other Florida, if prior to registration) 102. F.S., to determine penalty liabil	than perpetual)
(Date first transacted business in E SECTIONS 607.1501 & 607.150 egas, NV 89138 (Principal offic	Florida, if prior to registration) 02, F.S., to determine penalty liabil	
(Date first transacted business in E SECTIONS 607.1501 & 607.150 egas, NV 89138	Florida, if prior to registration) 02, F.S., to determine penalty liabil	
E SECTIONS 607.1501 & 607.150 egas, NV 89138 (Principal offic	02. F.S., to determine penalty liabil	lity)
(Principal offic	re <u>street</u> address)	
•	re <u>street</u> address)	
		2022 (
(Current mailing	g address, if different)	- C
	. Box <u>NOT</u> acceptable)	11 AMII: 12
Box Rd.		:12
le	Florida 32218	
(City)	(Zip code)	
	Box Rd. le (City) ance: ered agent and to accept service, I hereby accept the appointment the provisions of all statutes recept the obligations of my pos	Box Rd. City Florida 32218

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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

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A. DIRECTORS Angela Zhan Theresa Kotch □Chairman □Chairman Name: 5960 Inglewood Dr. 5960 Inglewood Dr. Address: □Vice Chairman □ Vice Chairman Address: Suite 150 Suite 150 ☐ Director □ Director Pleasanton, CA 94588 Pleasanton, CA 94588 President □President ☐ Vice President ■ Vice President ☐ Secretary □Treasurer ☐Treasurer ☐ Secretary □Other _____ □Other _____ □()ther _____ □Other _____ U/Chairman Name: ______ □ Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: ____ Director □Director □ President □President □Vice President __ □ Vice President **ElSecretary** □Treasurer □ Secretary □Treasurer LlOther ____ □Other _____ ∐Other _____ □Other _____ □Chairman Name: ☐ Chairman Name: ☐Vice Chairman Address: □ Director □ Director President □ President □Vice President \square Treasurer □ Secretary □ 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. 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.

Theresa Kotch VP Finance & Administration

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

1. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, American Syn-Turf, Inc., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/17/2022, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B202208192938086

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/19/2022.

Barbara K. Cegarske BARBARA K. CEGAVSKE Secretary of State