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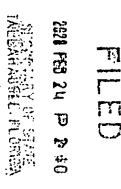
(Re	questor's Name)			
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COVER LETTER

TO:

	Smash Technologies LLC					
UBJEC	Name of Limited Liability Company					
he encle xistence	osed "Application by Foreign Limited e, and check are submitted to register t	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida				
lease re	turn all correspondence concerning thi	s matter to the following:				
	Carlos Padilla					
		Name of Person				
	Smash Technologies LLC					
		Firm/Company				
	78 SW 7th Street STE 500					
		Address				
	Miami, FL 33130					
	·	City/State and Zip Code				
	cpadilla@nirvanagroup.com	1				
	E-mail addr	ess: (to be used for future annual report notification)				
or furth	er information concerning this matter,	please call:				
Carlos Padilla		786 444-9115				
	Name of Contact Per	- 				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	2					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Smash Technologies						
(Name of Foreign Smash Technologies 2 L.	Limited Liability Company; must include "Limite LC	Liability Company,"	("E.L.C.," or "LLC."))		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	orida, The alternate name	e must include "Lunited I	Liability Company,""L.L.		
Delaware 2.		84-2 008				
2. (Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, if applicable)			
August 14, 2019						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	egistration.) se penalty liability)		<u> </u>		
160 Greentree Drive Suite 101 5. (Street Address of Principal Office)		78 SW 7	th Street Suite 5	500		
(Street Address of Principal Office)		(Mailu	ng Address)			
Dover, DE 19904		Miami, F	L 33130			
				ASS.		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable	3)	PER 24		
Name:	Diana Albadan			THE TO	O	
Office Address:	78 SW 7th Street Suite 500			5		
	Miami	, , F	33130 Torida			
	(City)		(Zip code)			

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Cool Accessories Group LLC
■Member	Address: 55 SE 6th Street STE 2210	■Member	Address: 78 SW 7th Street STE 500
□Authorized	Miami, FL 33131	□Authorized	Miami, FL 33130
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Diana Albadan

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "SMASH TECHNOLOGIES LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMASH

TECHNOLOGIES LLC" WAS FORMED ON THE SEVENTEENTH DAY OF MAY, A.D.

2019.

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



Authentication: 202410683

Date: 02-18-20