

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.

(((H200001111873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co Fax Number	rporations : (850)617-6383	20 APR 16	
From:	Account Name	: C T CORPORATION SYSTEM		; ;-
		: FCA000000023 : (614)280-3338	C - 4:	Ţ
	Fax Number	: (954)208-0845	≘∷ 55	

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 Limited Liability Company Schleuder, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu — Corporate Filing Menu

Help





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

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

1. Schleuder, LLC (Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L.L.C.," or "LLC."	•)
(If name unavailable, enter alternate na	mic adopted for the perpose of transacting business in Flor	rida. The alternate mane must include "Limited L	iability Company," "LLC," or "LLC ")
o Delaware	ich foreign limited liability company is organizedi	3	mber, if applicable)
4. Upon Qualification	(Date lins) transacted business in Florida, if prior to (See sections 6050904 & 6050905, F.S. to determine	registration)	
5. 1455 Market St, Sa (Sincer Address of F	n Francisco, CA 94103	6. 1455 Market St, San	Francisco, CAF94103
	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> acceptable)	PH 4: 5
Name:	1200 South Pine Island Road	कि ज	
Office Address:	Plantation (City)	, Florida 33324	
to comply with the provis. and accept the obligation	ation, I hereby accept the appointment of ions of all statutes relative to the proper s of my position as registered agent. By: C T Corporation System (Registered agent's	signature)	tankin, Asst. Secretary
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address:	as/have authority to manage is/are: Title or Capacity:	Name and Address:
Manager	Francois Chadwick	Manager	Keir Gumbs
	1455 Market St. San Francisco, —— CA, 94103	_	1455 Market St. San Francisco, CA, 94103
Manager	Brian Kuntz 1455 Market St. San Francisco, CA 941		
(Use attachments if neces		-	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certifica	de 15 in a foreign language, a transl	lation of the certificate inder oath
submitted in a document t	o the Department of State constitutes a th	hird degree felony as provided for i	in s.817.155, F.S.
	Sugmentar	Con Manufactured person	
	Franc	ois Chadwick	
	Typed o	or printed name of signee	_

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCHLEUDER, 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 FIFTEENTH DAY OF APRIL, A.D. 2020.

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



Authentication: 202774221

Date: 04-15-20