M23000009338

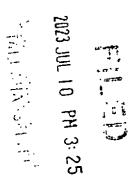
(Danuara) Nama
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· •
PICK-UP WAIT MAIL
_
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900411919599

07/10/23--01013--020 **125.00



COVER LETTER

TO:

Registration Section Division of Corporations 800

SUBJECT:	Nam	e of Limited Liability Company			
The enclosed Existence, ar	1 "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida			
Please return	all correspondence concerning this matter t	o the following:			
	ANDREA SCHENKER				
		Name of Person			
	DECKERS OUTDOOR CORPORAT	TON			
		Firm/Company			
	250 COROMAR DRIVE				
		Address			
	GOLETA, CA 93117				
	C	ity/State and Zip Code			
	andrea.schenker@deckers.com				
	E-mail address: (to be	e used for future annual report notification)			
For further in	nformation concerning this matter, please ca	II:			
ANDREA SCHENKER		805 967-7611 x1297			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEF \$125.00 Filing Fee \$130.00 Filing Fe				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability Compan	y," "L.L.C.," or "E.L.C.")			,
If name unavailable, enter alternate t	name adopted for the purpose of transacting business in Flo	orida. The alternate na	ame must include "Limited Liabili	ty Company," "I,	l. (*," or "I	.t (* ")
CALIFORNIA		46-14				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)				
7/5/21						
·	(Date first manuacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration) se penalty liability)		_		
250 COROMAR DRIVE			DROMAR DRIVE			•
GOLETA, CA 93117			LETA. CA 93117			
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptab	ole)	ر چ پخ	2023 JUL	
Name:	CORPORATION SERVICE COMPAN	NY		> > > 2	0	
Office Address:	1201 HAYS STREET				PH 3:	
	TALLAHASSEE		32301 . Florida	· <u>-</u>	25	
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip code)	_		

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.

Steph Albertini
Steph Albertini (May 18, 2023 17:35 EDT)

(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: Name: DAVE POWERS Name: STEVEN FASCHING □Manager □Manager Address: 250 COROMAR DRIVE 250 COROMAR DRIVE ☐ Member □Member. GOLETA, CA 93117 GOLETA, CA 93117 □ Authorized □ Authorized Person Person PRESIDENT

Other_ CFO Other_ □Other_____ □Other Name: ____ THOMAS GARCIA Name: ADRIANA ALCARAZ □Manager □Manager Address: 250 COROMAR DRIVE Address: 250 COROMAR DRIVE □ Member □ Member GOLETA, CA 93117 GOLETA, CA 93117 □Authorized □ Authorized Person Person SECRETARY Other___ □Other_____ Other □Manager □Manager Name: _____ □Member Address: □Member Address: □Authorized ☐ Authorized Person Person □Other □Other Other_____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. ADRIANA ALCARAZ

Typed or printed name of signee

FL Application for Authorization to Transact Business

Final Audit Report

2023-05-18

Created:

2023-05-18

By:

Andrea Schenker (andrea.schenker@deckers.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAmftGOsyuBbhJgiQDr-LvP1NyVj5XjoBS

"FL Application for Authorization to Transact Business" History

- Document created by Andrea Schenker (andrea.schenker@deckers.com) 2023-05-18 7:08:44 PM GMT
- Document emailed to jessica.kraus@cscglobal.com for signature 2023-05-18 7:09:15 PM GMT
- Email viewed by jessica.kraus@cscglobal.com 2023-05-18 8:01:45 PM GMT
- Signer jessica.kraus@cscglobal.com entered name at signing as Steph Albertini
 2023-05-18 9:35:05 PM GMT
- O Document e-signed by Steph Albertini (jessica.kraus@cscglobal.com)

 Signature Date: 2023-05-18 9:35:07 PM GMT Time Source: server
- Agreement completed. 2023-05-18 - 9:35:07 PM GMT



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: DECKERS AMERICA, LLC

Entity No.: 201232610179 **Registration Date:** 11/20/2012

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 17. 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 109442329

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.