

## **Secretary of State**

## Application to Register a Foreign Limited Liability Company (LLC)

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to

https://www.fib.ca.gov/		This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of G	ood Standing	.)			
Custom Crush LLC				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1b. California Alternate Name, If Required (Only enter an alternate	te name if the LL	C name in 1a	not available in (	California.)	)	<u> </u>
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	od Standing.)				
a. Jurisdiction (State, foreign country or place where this LLC is formed.)						
Delav	vare					
b. Authority Statement (Do not after Authority Statement)						
This LLC currently has powers and privileges to conduct busine	ess in the stat	e, foreign	country or plac	ce enter	ed in Ite	em 2a.
3. Business Addresses (Enter the complete business addresses, Ite	ms 3a and 3b ca	nnot be a P.C	D. Box or "in care	of" an ind	ividual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrev	ietions)	State	Zip Code		
3404 Kings Hill Drive	Santa Ros	₹osa			95404	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	City (no abbrev	ibbreviations)			Zip Code	
3404 Kings Hill Drive	Santa Ros	ta Rosa			95404	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	<b>Z</b> 3a □3b	.,		<u> </u>	<b></b>	
d. Mailing Address - if different than item 3a or 3b	City (no abbrev	y (no abbreviations)			Zip Code	
4. Service of Process (Must provide either Individual OR Corporation.	<u> </u>			l	ļ	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full		mia street ad	dress.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Middle Name Last Name				Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Co	de
				CA	<u> </u>	······
CORPORATION - Complete item 4c only. Only include the name of the	registered agent	Corporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	t complete Item 4a	a or 4b				
Cogency Global Inc.						
5. Read and Sign Below (Title not required.)						
By signing, I affirm under penalty of perjury that the information	herein is true	and corre	ct and that I a	m autho	rized to	sign
on behalf of the foreign LLC.						
	Wallac	e Rođeri	ck Palon			
Signature	Type and Print Name					
LLC-5 (REV 11/2023)				2023 Cali		etary of Stat

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

DELAWARE, DO HEREBY CERTIFY "CUSTOM CRUSH 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 JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUSTOM CRUSH LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2024.

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



Authentication: 203955563

Date: 07-18-24