State



Secretary of State

LLC-5

-FILED-

For Office Use Only

Application to Register a Foreign Limited Liability Company (LLC)

File No.: 202464914366

Date Filed: 12/11/2024

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

Filing Fee - \$70.00

LLC-5 (REV 11/2023)

| Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go https://www.ftb.ca.gov/.	0 tax to the				
	This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Goo	d Standing.)			
QUIKCU	T, LLC				
1b. California Alternate Name, if Required (Only enter an atterna	te name if the LLC	name in te not available in	California.)	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good	Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
India	na				
b. Authority Statement (Do not after Authority Statement)					
This LLC currently has powers and privileges to conduct busine	ess in the state,	foreign country or pla	ice enter	ed in It	em 2a.
3. Business Addresses (Enter the complete business addresses, Item	ms 3a and 3b cann	ot be a P.O. Box or "in care	e of an ind	ividual or	entity)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviati	ons)	State	Zip Code	
4630 Allen Martin Drive	Fo	IN	46806		
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box	! City (no abbreviations)		State	Zip Code	
	· ·		CA	1	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	∑ 3a		<u></u>		
d. Malling Address - if different than item 3a or 3b	City (no abbreviations)			Zip Code	
4. Service of Process (Must provide either Individual DR Corporation.)	l <u> </u>			· <u>'</u>	
INDIVIDUAL - Complete Items 4a and 4b only Must include agent's full r	name and California	ştreet address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Last Name		Suffix
b Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviati	City (no abbreviations)		Zip Code	
			CA		
CORPORATION - Complete Item 4c only Only include the name of the r	egistered agent Co	rporation.			
c California Registered Corporate Agent's Name (if agent is a corporation) - Do not	complete Item 4a or	4b			
Cogency G	lobal Inc.				
5. Read and Sign Below (Title not required.)			·•· ·—···	·····	
By signing, I affirm under penalty of perjury that the information on behalf of the logeign LLC.	herein is true a	nd correct and that I a	ım authol	rized to	sign
		Crogoni Pa	hakar		

Gregory Brubaker

Signature Type and Print Name

2023 California Secretary of State bizfiteOnline sos.ca.gov

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

QUIKCUT, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 10, 2021, and was in existence or authorized to transact business in the State of Indiana on December 11, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 11, 2024

)iego Morales

DIEGO MORALES
SECRETARY OF STATE

202112101548072 / 20244122324

 $\textbf{All certificates should be validated here:} \ https://bsd.sos.in.gov/ValidateCertificate$

Expires on January 10, 2025.