

## Secretary of State Statement and Designation by Foreign Corporation

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current **Certificate of Good Standing** issued by the government agency where the corporation was formed. See Instructions.

Filing Fee - \$100.00 (for a foreign stock corporation) or

\$30.00 (for a foreign nonprofit corporation)

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov.

FILED IMC
Secretary of State
State of California
OCT 3 1 2017

U	This	Space	For	Office	Use	Onl

1.	Corporate Name (Go to www.sos.ca.gov/business/be/name-availabilit
	for general corporate name requirements and restrictions.)

 Jurisdiction (State, foreign country or place where this corporation is formed - must match the Certificate of Good Standing provided.)

CABA Design Corp.	Delaware.

S&DC-S/N

3. Business Addresses (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2055 Adams Ave.	San Leandro	CA	94577
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2055 Adams Ave.	San Leandro	CA	94577
c. Mailing Address of Principal Executive Office, if different than Item 3a	City (no abbreviations)	State	Zip Code

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

California Agent's First Name (if agent is <b>not</b> a corporation) Middle Name Last Name				Suffix	
Benjamin		Parsa			
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	(if agent is not a corporation) - Do not enter a P.O. Box City (no abbreviations)		State	Zip Code	
2055 Adams Ave.	San Leandro		CA	94577	

CORPORATION - Complete Item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b	

5. Read and Sign Below (See Instructions. Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

Signature Benjamin Parsa

Type or Print Name



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

DELAWARE, DO HEREBY CERTIFY "CABA DESIGN CORP." IS DULY

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

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABA DESIGN CORP." WAS INCORPORATED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2017.

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

Authentication: 203492452

Date: 10-31-17