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SECRETARY OF STATE

SECRETARY OF STAT

11321

COVER LETTER

Splash Factory SUBJECT:				
SUBJECT:	Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the al	oility Company for Authorization to Transact Business in Florida bove referenced foreign limited liability company to transact bus	i." Cer iness i	tificate of in Florida	
Please return all correspondence concerning this ma	itter to the following.			
Karlyn Oberg				
	Name of Person	-		
Splash Factory				
	Firm Company Co	2021		
11826 N. Lower Sacramento Roa	id, Suite f:	JAN.		
	Address	8		
Woodbridge, CA 95258	SSEE	PM	I E D	
karlyn.s.oberg(a gmail.com	City State and Zip Code	- 3: - 4:		
F-mail address:	(to be used for future annual report notification)	_		
For further information concerning this matter, plea	se call:			
Karlyn Oberg	209 333-0807 at (_		
Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Taffahassee	•		
Tallahassee, FL 32314 2415 N, Monroe Street, Suite 810 Tallahassee, FL 32303				

\$130,00 Filing Fee & - 77 \$155,00 Filing Fee &

Certified Copy

Certificate of Status

 \square \$160,00 Filing Fee. Certificate

of Status & Certified Copy

Enclosed is a check for the following amount:

€ \$125.00 Filling Fee

Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION (05/002), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SEXTE OF FLORIDA;

1Stane of Foreign	Tunnfed Liability Company, must melide "Funne	of Fabridy Company, T. F.C. of "11C-3"			
t paroc anavarlable, enter alternate	name adopted for the purpose of transacting business in E	loud (The alternate name must include "Limited Liab	odity Company," "LT,C," or "LLC.		
California		81-1874116			
िल्लासी प्राप्त क्षित्र में है कि की प्र	thely foreign limited liability company is organized)	diffnomba	, il applicabici		
November 4, 2020					
	(Date first transacted business in Florida, if prior to excess trons 605 0004 & 605 0005, US, to determ	registration) one penalty hability	s 2		
18826 N. Lower Sacra	mento Road	1040 W. Kettleman Lane	221 J		
tiget Address of Procopal (Tlice)	·	6. (Mailing Address)	2		
Suite F		# 388	35.00		
Woodbridge, CA 9525		Lodi, CA 95240	OF STA		
Name and street addres	88 of Florida registered agent (P.O. Box	x <u>NOT</u> acceptable)			
	Nate Aguila				
Name;					
Name: Office Address:	238 Silverton Road				
	Davenport	33897 Horida			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managets or persons authorized to manage [up to six (6) total].

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
CManager	Name: Robert Beadles	□Manager	Name:
≅ Member	Address:	[] Member	Address;
\(\tag{\text{\text}}\) Authorized	1040 W. Kettleman Lane #388	Authorized	
Person	Lodi, CA 95240	Person	
^{**} Other	. Other	130ther	
. Manager	Name:	17 Manager	Name:
∟,Member	Address:	Member	Address: Sept. 20 Address: Add
□ Authorized		L Authorized	
Person		Person	SEE S
. Other	Other	П01ker	The f
.TManager	Name:	Manager	Name:
. Member	Address:	Member	Address:
*** Authorized		[[Authorized]	
Person		Person	
.Other		<u> </u>	

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 mire degree felony as provided for in \$.817,155, F.S.

Robert Beadles

Exped or printed name of signice

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SPLASH FACTORY, LLC

FILE NUMBER:

201530310217

FORMATION DATE:

10/30/2015

TYPE:
JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of Calhereby certify:

The entity is authorized to exercise all of its powers privileges in California.

This certificate relates to the status of the entity of the secretary of State's records and does not reflect documents that are pending review or other events that may affect 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 December 3, 2020.

ALEX PADILLA Secretary of State