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DATE: 02/08/2024

NAME: CANVAS US. INC.

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: **FCA000000015** 

AUTHØRIZATION: ABBIE/PAUL HODGE

# **COVER LETTER**

TO:	<ul><li>Registration Secti</li><li>Division of Corpo</li></ul>			
SUBJ	ECT: Canva US, Ir	nc.		
0000		•	on - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence,"	n by Foreign Corporation fo for "Certificate of Good State corporation to transact busin	inding" and check are sul	
Please	return all correspor	dence concerning this matt	er to the following:	
		Name o	f Person	
		Firm/Co	mpany	
	<del>-</del>	Ado	iress	
		City/State	and Zip code	
		E-mail address: (to be used	I for future annual report	notification)
For fu	rther information co	ncerning this matter, please	eall:	
Irina SI	Name of Person at (415 ) 261-0845  Area Code Daytime Telephone Number			
	Name of Person	Area Co	de Daytime Teler	phone Number
	STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	on rations Jahassee Street, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17
Please	make check payable to	e following amount: b: FLORIDA DEPARTMEN  S78.75 Filing Fee & Certificate of Status	T OF STATE  ■ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Delimene		adopted for the purpose of transacting business in Floric  (FEI number, if applicable)	la)
t(Date tiling	of incorporation)	(Date of duration, if other than perpetual)	
		502, F.S., to determine penalty liability)	<del></del>
7. <u>3212 E. Ceasar C</u> 7. <u> </u>	havez St. Bldg 1, Ste 1300, Autsin, TX 78702 (Principal off	•	
same	(Principal off	ng address, if different)	
	(Current mailir	ng address, if different)	— 
8. Name and stree	et address of Florida registered agent; (P.C		- 押数型 指数型
Name:	Paracorp Incorporated		÷
Office Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee	Florida <u>32301</u>	
	(City)	(Zip code)	
Having been nam lesignated in this further agree to c	application, I hereby accept the appoints	ice of process for the above stated corporation at to nent as registered agent and agree to act in this co- relative to the proper and complete performance of sition as registered agent.	ipacity. 1
	see attached		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Todd Carpenter Name: □Chairman □ Chairman Name: 3212 E. Ceasar Chavez St Address: ☐ Vice Chairman ☐ Vice Chairman Address: Bldg 1, Ste 1300 ■ Director Director Austin, TX 78702 □President □ President □Vice President ☐ Vice President □ Treasurer ☐Treasurer ☐Secretary □ Secretary ■Other CLO □Other \_\_\_\_\_ Other \_\_\_\_ □ Other \_\_\_\_\_ Name: \_\_\_\_ □Chairman Name: □ Chairman □Vice Chairman Address: □ Vice Chairman Address: ☐ Director □ Director □President □ President ☐ Vice President ☐ Vice President ☐ Secretary ☐Treasurer ☐Secretary □ Treasurer ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other\_\_\_\_\_ □ Chairman Name: \_\_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ □Director □ Director □President □ President □Vice President \_ □Vice President □Secretary ☐ Treasurer □ Secretary □Treasurer □Other \_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added a financex when Jung your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Todd Carpenter, Chief Legal Officer

### STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

DATE: 2/07/2024

ENTITY NAME: Canva US Inc.

### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



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

DELAWARE, DO HEREBY CERTIFY "CANVA US, INC." 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 SEVENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CANVA US, INC."

WAS INCORPORATED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 202760204

Date: 02-07-24

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SR# 20240400232