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JAN 29 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZINQ MEDIA USA INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JACOB WILLEMSSEN
Name of Person

WILLMAR MANAGEMENT, INC.
Firm/Company

228 EAST 45TH STREET - SUITE 9E
Address

NEW YORK, NEW YORK 10017
City/State and Zip code

JACOB@WILLMARMANAGEMENT.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JACOB WILLEMSSEN at (347) 227-0244
 Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$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.

1. ZINQ MEDIA USA INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 47-5303735
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 2, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 228 EAST 45TH STREET SUITE 9E NEW YORK, NEW YORK 10017
(Principal office address)

_____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC
Office Address: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Tom Glover/Manager/Northwest Registered Agent LLC

(Registered agent's signature)

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 under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A DIRECTORS

Chairman: FRANCISCUS V. RUHL

Address: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017

Vice Chairman: BEN SAPIR

Address: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: FRANCISCUS RUHL

Address: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017

Vice President: BEN SAPIR

Address: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017

Secretary: JACOB WILLEMSSEN

Address: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017

Treasurer: MELANIE TURNER

Address: 550 EAST 1400 N PLEASANT GROVE UTAH 84062

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
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.

13. JACOB WILLEMSSEN, SECRETARY
(Typed or printed name and capacity of person signing application)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ZINQ MEDIA USA 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 THIRTIETH DAY OF OCTOBER, A.D. 2015.



5840688 8300

SR# 20150707290

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK". Below the signature is a horizontal line, and underneath the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10334258

Date: 10-30-15