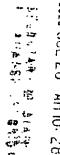
## F20000003280

(Re	equestor's Name)				
(Ad	ldress)	<del></del>			
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	MAIT	MAIL.			
(Bu	ısiness Entity Naı	me)			
(Do	ocument Number)	)			
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900347724199



JUL 29 2020 M. SOLOMON

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/28/2020			B.
7540116			**WALK IN
ENTITY NAME ZENBUS	INESS PBC		
DOCUMENT NUMBER_			
	**PLEASE FILE THE AT	TACHED AND RETURN**	
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & A Certificate of Good Standing	mendments	
	**APOSTILLE' / NOTA	RIAL CERTIFICATION**	
COUNTRY OF DESTINATI	ON		<del></del>
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$78.75		ACCOUNT #: I20160000072	2
Please call Tina at th	e above number for any	issues or concerns, Thank you so	much!

## **COVER LETTER**

TO:		tration Se ion of Cor						
SUBJ	ECT:	ZenBusin	ess PBC					
0000		-	Name	of corporation	- must	include suffix		
Dear S	Sir or M	adam:						
"Certif	ficate o	f Existenc		e of Good Star	iding" a	nd check are sub	nct Business in Florida," comitted to register the	
Please	return	all corresp	ondence concerr	ing this matte	r to the f	following:		
Art Flo	ores							
				Name of	Person			
ZenBu	siness P	BC						
				Firm/Con	npany			
5900 E	Balcones	Drive Suit	e 5000					
				Addr	ess			
Austin	, TX 78	731						
•				City/State a	nd Zip o	code		
fulfilln	nent@ze	enbusiness.						
			E-mail addres	s: (to be used	for futur	e annual report	notification)	
For fur	rther in	formation	concerning this i	natter, please (	eall:			
Art Flores at ( 512			at ( 512	237-7349				
	Nam	e of Perso	n	Area Cod		Daytime Telep	ohone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Please i	make ch		the following ame to: FLORIDA D  S78.75 Filit Certificate	EPARTMENT ng Fee &	<b>\$</b> 78.7:	ATE 5 Filing Fee & Ted Copy	☐ \$87.50 Filing Fee, Certificate of Status of 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. ZenBusiness PI			N WOOD BANKE NO WOOD BANKE N			
	corporation; must include "INCORPORATE Corp." "Inc." "Co," or "Corp.")	cυ,	"COMPANY, "CORPORATION.			
ZenBusiness PI	BC Company					
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florid	la)		
Delaware 2.			47-3392979			
(State or country under the law of which it is incorporated)		)	(FEI number, if applicable)			
3/12/2015 4.		5.	Perpetual 5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)			
6						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7. 5900 Balcones D	Prive Suite 5000 Austin, TX 78731					
	(Principal	off	ice <u>street</u> address)			
Same as Principa	al					
	(Current ma	ailir	ng address, if different)			
8. Name and stree	et address of Florida registered agent: (	P.C	). Box <u>NOT</u> acceptable)	63		
Name:	Registered Agents Inc.			920		
Office Address:	7901 4th St N, Ste 300 St. Petersburg (City)		₩ - ##   Y - 45*	يال		
			, Florida 33702	1020 JUL 28	:	
			(Zip code)	75 75	: 11	
9 Registered ag	ent's acceptance:		ريا د به م دي	Ö		
Having been nam	ned as registered agent and to accept se	rvi	ce of process for the above stated corporation at t	h <b>e</b> pla	ce	
designated in this	application, I hereby accept the appoi	ntn	nent as registered agent and agree to act in this co elative to the proper and complete performance o	ipacity	a. I	
and I am familia	r with and accept the obligations of my	: 5 r : po	eutive to the proper and complete performance of sition as registered agent.	ту и	mies,	
	Bill Havre					
		ster	ed agent's signature) Bill Havre, President			
	_					

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						
□Chairman	Name:	□Chairman	Name:	Chadijeh Hemmati		
□ Vice Chairman	Address: 5900 Balcones Drive Suite 5000	□Vice Chairman	Address:	900 Balcones Drive Suite 5000		
Director	Austin, TX 78731	□Director	Austin.	TX 78731		
■ President		□President				
□Vice President		□Vice President	<del></del>			
□Secretary	□Treasurer	□Secretary		□Treasurer		
■Other CEO	□Other	Other COO		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	·		
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer 202		
Other	□Other	□Other		☐Treasurer 20 0		
				Other to C		
□ Chairman	Name:	Chairman	Name:	2 <u>p</u>		
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		Ent. Co.		
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other		Other		
individuals may be	Use an attachment to report more than six (6). The attac added to the index when filing your Florida Departmen ijeh Hemmati  Signature of Director or	nt of State Annual Re	d for repor	rting purposes only. Non-indexed		

The officer or director signing this document (and who is fisted 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. Khadijeh Hemmati, COO

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ZENBUSINESS PBC" 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZENBUSINESS PBC"
WAS INCORPORATED ON THE TWELFTH DAY OF MARCH, A.D. 2015.

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

Authentication: 203351780

Date: 07-27-20

5709101 8300 SR# 20206421757