

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

EMAIL ADDRESS: MUNAGED COMPLIANCE Q INCOMP. COM

FOREIGN PROFIT/NONPROFIT CORPORATION Zyan Capitol Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: New Filing 8 Division of 6			
SUBJECT: Zya	n Capitol 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 corr	espondence concerning this n	natter to the following:	
Amber Ragland			
•	Nam	ne of Person	
Incorp Services,	inc.		
Firm/Company			
2360 Corporate	Circle, Suite 400		
	1	Address	
Henderson, NV 4	39074		
	City/St	ate and Zip code	
MANAGEDCOM	PLIANCE@INCORP.CO		_
	E-mail address: (to be u	sed for future annual report n	otification)
For further information	on concerning this matter, ple	ase call:	
Amber Ragiand for In	corp Services, Inc. at (702	2 866-2500	
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Piling Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ction rporations	
Enclosed is a check for	or the following amount:	•	
\$70.00 Filing Fe	S78.75 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.

	Corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Corp," "Inc," "Coy" or "Corp.")
"inc., "Co.," "C	Corp., The, "Cop or Corp.")
(If name unavai	tilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. California	3. NA 50 NO
,	y under the law of which it is incorporated) (FEI number, if applicable)
4. <u>03/29/2010</u>	5. Perpetual
•	5. Perpetual (Duration: Year corp. will cense to exist or "perpetual")
6. <u>Upon regis</u>	(Date first transacted business in Florida, if prior to registration) (SBB SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
_{7.} 5927 Pries	stly Dr. #220 Carlsbad, CA 92008
	(Principal office address)
Same as a	
	(Current mailing address)
s legally Purposit	engage in the Sale of health and life insurance. (s) of corporation authorized in home state or country to be carried out in state of Florida)
). Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name;	Incorp Services, Inc.
Office Address:	17888 67th Court North
	Loxahatchee, Plorida 33470
	(City) (Zip code)
Taving been nam lesignated in this	igent's acceptance: ned as registered agent and to accept service of process for the above stated corporation at the place s application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties,
nd I am familiar	r with and accept the obligations of my position as registered agent.

11. 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 Scaretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#120001593803

Amber Ragland on behalf of Incorp Services, Inc.

	FILED
12. Names and business addresses of officers and/or directors:	12 JUN 11
A. DIRECTORS	12 JUN 14 AN 10:51
Chairman: Vivian martin	- TALLANGE DI STATI
Address: 5927 Priestly Str. #220	
Carlsbad, CA 92008	· ·
Vice Chairman:	
Address;	·
Director:	
Address:	

Director:	
Address;	
B. OFFICERS	
President: Rich Ruff	
Address: 5927 Priestly Dr. #220	
Carlsbad, CA 92008	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer: Brett Scott	
Address: 5927 Priestly Dr. #220 Carlsbad, CA 92008	
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
13. Alterity	,
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 are true and that he or she is aware that false information submitted in a document that degree felony as provided for in s.817.155, F.S.	
4. Rich Ruff, President	
(Typed or printed name and capacity of person signing	g application)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ZYAN CAPITOL INC

FILE NUMBER:

FORMATION DATE:

TYPE:

JURISDICTION:

STATUS:

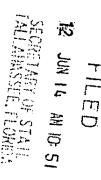
C3256173

03/29/2010

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 May 29, 2012.

DEBRA BOWEN Secretary of State