

F15000001941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

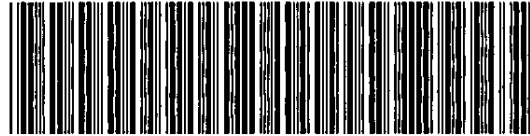
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY -1 AM 10:10  
STATE OF FLORIDA  
TALLAHASSEE

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ZIRX Consumer Services, 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:

Attention: COO/Samuel Fishman

Name of Person

ZIRX Consumer Services, Inc.

Firm/Company

350 Townsend Street, #210

Address

San Francisco, CA 94107

City/State and Zip code

corporation@zirx.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Fishman

Name of Person

at ( 800 ) 977-9479

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing 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

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

# State of California

## Secretary of State

### CERTIFICATE OF STATUS

ENTITY NAME:

ZIRX CONSUMER SERVICES, INC.

FILE NUMBER: C3753887  
FORMATION DATE: 02/06/2015  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

15 MAY - 1 AM 10:10  
STATE OF CALIFORNIA  
TALLERAS DE CALIFORNIA

I, ALEX PADILLA, 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 March 11, 2015.

ALEX PADILLA  
Secretary of State

NLH

**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. ZIRX Consumer Services, 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. California

(State or country under the law of which it is incorporated)

3. 47-3144351

(FEI number, if applicable)

4. 2/6/2015

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

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

7. 350 Townsend Street, #210, San Francisco, CA 94107

(Principal office address)

350 Townsend Street, #210, San Francisco, CA 94107

(Current mailing address)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee

(City)

, Florida 32301

(Zip code)

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SECRETARY OF STATE

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.*

Ricardo Oropesa  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Sean Behr

Address: 350 Townsend Street, #210, San Francisco, CA 94107

Director: Samuel Fishman

Address: 350 Townsend Street, #210, San Francisco, CA 94107

**B. OFFICERS**

President: Sean Behr

Address: 350 Townsend Street, #210, San Francisco, CA 94107

Vice President: Samuel Fishman

Address: 350 Townsend Street, #210, San Francisco, CA 94107

Secretary: Samuel Fishman

Address: 350 Townsend Street, #210, San Francisco, CA 94107

Treasurer: Sean Behr

Address: 350 Townsend Street, #210, San Francisco, CA 94107

**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 12 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. Samuel Fishman, Director and Officer

(Typed or printed name and capacity of person signing application)