FIMMONHAY

(Red	questor's Name)				
	,				
(Add	dress)				
(Add	dress)				
(rius	x1000)				
(City	y/State/Zip/Phon	e #)			
	—				
☐ PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
,	·	,			
(DOC	cument Number)				
Certifie Copies	Certifie Copies Certificates of Status				
Canai dinaturatione to F					
Special Instructions to Filing Officer:					





300280629063

01/28/16--01008--011 **70.00

TILEU 2016 JAN 28 P 1: 10 SECRETARY OF STATE

> JAN 2 9 2016 BRUCE

COVER LETTER

TO:	Registration S Division of Co					
SUBJ	ECT:	ZINQ MEDIA U	SA INC.			
3020		Name	of corporation	- must include suffix		
Dear S	ir or Madam:					
"Certif	ficate of Existen		e of Good Stan	Authorization to Transa ding" and check are sul ss in Florida.		,,,,
Please	return all corres	spondence concert	ning this matter	to the following:		
	JACOB WILL	EMSEN				
			Name of 1	Person		
	WILLMAR M	ANAGEMENT, I	NC.			
			Firm/Com	pany		
	228 EAST 45	TH STREET - SU	ITE 9E			
		******	Addre	ess	TA∵ 22	
	NEW YORK	, NEW YORK 10	017		2016 . SECR ALLA	
			City/State at	nd Zip code	AR S	
	JACOB@W	ILLMARMANA	GEMENT.COM	1	8 \$ 8	5
		E-mail addres	s: (to be used f	or future annual report	notification) =	
For fu	ther information	n concerning this i	natter, please c	all:	STATE LORIDA	
JA	COB WILLEMS	SEN	at (347	227-0244	•	
	Name of Pers	on	Area Code	Daytime Telep	bhone Number	
Enclos	Registration Solution of Co Clifton Buildin 2661 Executiv Tallahassee, F	orporations ng e Center Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
[7] \$70	0.00 Filing Fee	□ \$78.75 Filii	no Fee & □	\$78.75 Filing Fee &	□ \$87.50 Filing F	p.p.
LES - 17 (r milg rec	Certificate		Certified Copy	Certificate of S Certified Copy	tatus &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

(Enter name of co	orporation; must include "INCORPORATED," orp.," "Inc,," "Co," or "Corp.")	"COMPANY," "CORPORATIO),,"	
(If name unavaila	ble in Florida, enter alternate corporate name ac	dopted for the purpose of transact 47-5303735	ing business in Florida)	
	y under the law of which it is incorporated)	(FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
228 EAST 4	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150) 45TH STREET SUITE 9E NEW YORK, N (Principa	2, F.S., to determine penalty liab	ility)	
		address, if different)	B JAN 2	
Name and stree Name:	t address of Florida registered agent: (P.O. NORTHWEST REGISTERED AGENT		Te T	
Office Address:	3030 N. Rocky Point Drive, STE 15	50A	ORIGA II	
	TAMPA	, Florida33607	,	
	(City)	(Zip code)		

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.

1). Names and business addresses of officers and/or directors: A DIRECTORS FRANCISCUS V. RUHL Chairman: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 Address: Vice Chairman: ___BEN SAPIR Address: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 At dress: **B. OFFICERS** FRANCISCUS RUHL President: 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 Ac'dress: __ Vice President: _____BEN SAPIR 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 Address: Secretary: ____JACOB WILLEMSEN 228 EAST 45TH STREET SUITE 9E NEW YORK, NY 10017 Ac dress: ____ MELANIE TURNER Treasurer: 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. 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 an: 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 WILLEMSEN, SECRETARY

<u>Delaware</u>

Page 1

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.

Authentication: 10334258

Date: 10-30-15

5840688 8300 SR# 20150707290