# F16000003370

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
1	٠, ٠,٠	,

Office Use Only



500287776835

07/14/16--01037--009 \*\*87.50

FILED

TO JUL 28 MI II: 30

SECRETARY OF STATE
FALLAHASSEF FIRME



July 18, 2016

GUS NEIL 4500 140TH AVENUE NORTH, SUITE 101 CLEARWATER, FL 33762

SUBJECT: ZYNSTRA, INC. Ref. Number: W16000049393

We have received your document for ZYNSTRA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

> SECRETARY TALLAHASSE

Letter Number: 816A00014900

ECRETARY HE STATE

### **COVER LETTER**

	tion Section of Corporations			
SUBJECT: _	ZYNSTR	ŔΑ	INC	
			n - must include suffix	
Dear Sir or Mada	am:			
"Certificate of E	pplication by Foreign Cor xistence," or "Certificate of I foreign corporation to tra	of Good Sta	nding" and check are sub	
Please return all	correspondence concernin	g this matte	er to the following:	
	G	is A	Jei )	
		Name of	Person	1 110 -
	7	ynsti	a Inc	
		- Ynst 1 Firm/Con	mpany	
4500 1	40th AVENUE	VORTH Addr		LEARWATER , FLS.
	C/EAA			7 AS <b>8</b>
	CLEARV	City/State a	<u>, FL 3376</u> and Zip code	Z Z B
	aus Deil	2. 2 V	nstra com	
	E-mail address:	(to be used	nstra. com for future annual report r	otification) &
For further infor	mation concerning this ma	tter, please	call:	MI II: 30  OF STATE E, FLORIDA
Gus	Neil	it (877	243 4	000 30
Name o	f Person	Area Coo	de Daytime Telepl	none Number
STREE	T/COURIER ADDRESS	<b>:</b>	MAILING A	DDRESS:
•	Registration Section Registration Section			
	Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327			
	ecutive Center Circle see, FL 32301		Tallahassee, F	L 32314
Enclosed is a ch	eck for the following amou	ınt:		
□ \$70.00 Filing	g Fee		\$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.

ame unavailable in Florida, enter alternate corporate name add	opted for the purpose of transact	ing business	in Flo	rida)
State or country under the law of which it is incorporated)	36-479564	+2		
8 OCTOBER 2014 5. (Date of incorporation)		· · · · · · ·		
(Date of incorporation)	(Date of duration, if oth	er than perpe	tual)	
4500 140th AVENUE NORTH SI		WATER		<u>- L</u>
	office address)	ZI S		
(Principal	office address)	SECF	, ਨ	
(Principal		SECRETA TAULAHAS	, 16 JUL	<u></u>
(Principal	office address) address, if different)	SECRETARY ( TALLAHASSEE	ಹ	
(Principal) (Current mailing and street address of Florida registered agent: (P.O.	address, if different)  Box NOT acceptable)	SECRETARY OF S TALLAHASSEE, FL	. 16 JUL 28	FILED
(Principal)	office address)  address, if different)  Box NOT acceptable)	SECRETARY OF ST TAULAHASSEE, FLI	, 16 JUL	FILEO

#### 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.

(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: Vice Chairman: Address: \_\_ Avenue North Suite 101, Clearwater Avenue North, Suite 101, Clearwater **B. OFFICERS** Avenue North, Suite 101, Clearwater Vice President: Address: 70 West Madison St, Suite 5750, Chicago, Illinois 60602 1404 Avenue NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of 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.

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

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Eltle Suite 101, Clearwater Florida Suito 101, **B. OFFICERS** President: Address: \_\_\_ Vice President: Address: \_\_\_\_ Address: \_ Treasurer: 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 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.

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

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

A. DIRE	CCTORS
Chairman:	
Address:	
_	
Vice Chair	rman:
Address:	
_	
Director:	Donald Gibson
Address:	4500 140th Avenue North, Suite 101, Clearwater
	Florida, FL33762
Director:	·
B. OFFI	CERS
President:	
	TASE <b>3</b>
	L CRE
W: D	dent:
	mo m
Address:	
_	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	
The offic	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
are true a	and that he or she is aware that false information submitted in a document to the Department of State constitutes
	egree felony as provided for in s.817.155, F.S.
13	(Typed or printed name and capacity of person signing application)

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZYNSTRA, 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 NINETEENTH DAY OF APRIL, A.D. 2016.

SECRETARY OF STATE
TALL AHASSEF FLORIDA

Authentication: 202176426

Date: 04-19-16

5617984 8300

SR# 20162400788