(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
·					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filing Officer.					





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HARRIS

## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
SHRI	Zedly Inc. ECT:			
SCDJ		e of corporation	n - must include suffix	
Doon 6	Un on Madous			
Dear S	Sir or Madam:			
"Certi	iclosed "Application by Foreign of ficate of Existence," or "Certificate referenced foreign corporation to	ite of Good Sta	inding" and check are si	
	return all correspondence concers D. Franken	ning this matte	er to the following:	
	<del> </del>	Name of	f Person	
Charle	s D. Franken PA			
		Firm/Cor	mpany	
600 Sc	uth Pine Island Road Suite 203			
		Add	ress	
Plantat	ion FL 33324			
	· · · · · · · · · · · · · · · · · · ·	City/State	and Zip code	<del></del>
Charle	sfranken29@gmail.com			
	E-mail addre	ss: (to be used	for future annual repor	t notification)
For fu	rther information concerning this	matter, please	call:	
Charle	s D. Franken	954	476-7200	
		_ at (	)	
	Name of Person	Area Co	de Daytime Tele	ephone Number
	CTREET/COUNTRY ADDRE	100	MAIL BIG	4 PDPEGG
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building			P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, FL 32314		FL 32314	
	Tallahassee, FL 32301			
Enclos	ed is a check for the following a	nount:		
<b>\$</b> 70	0.00 Filing Fee	ing Fee & 1 e 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. ZEDLY 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) 47-5181118 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) September 22, 2015 (Date of duration, if other than perpetual) (Date of incorporation) March 1, 2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 180 Matterhorn Dr, Park City UT 84098 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Charles D. Franken Name: 600 South Pine Island Road Suite 203 Office Address: Plantation \_\_\_\_\_, Florida \_ (City) 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.

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. DIRI	ECTORS Thomas Roberts		
Chairman	:		
Address:			
	Park City UT 84098		
Vice Chai	rman:		
Address:			
-			
Director:			
Address:			
Director:			
Address:			
B. OFF	ICERS Thomas Roberts		
President:			
Address:	180 Matterhorn Dr		
	Park City UT 84098		
Vice Pres	ident:		
		7 F.E	4 5.2 5 60
Addiess.		2	<del>- इस्</del> ५३७
Secretary:		_ <del></del>	
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NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors	5 <b>.</b>
12	Signature of Director or Officer		
are true a a third de	er or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S. mas Roberts		
13	(Typed or printed name and capacity of person signing application)		
	( ) vided 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 "ZEDLY 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 TWENTIETH DAY OF FEBRUARY, A.D. 2017.

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

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

Authentication: 202065938

Date: 02-20-17