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COVER LETTER

	tration Section of Corpo					
DIVIS	Zulu 1 Venti					
SUBJECT:	Zuiui veini	nes, nic				
		Name of	corporation	- must i	nclude suffix	
Dear Sir or M	ſadam:					
"Certificate of	f Existence,		of Good Stand	ling" ar	id check are subi	t Business in Florida," nitted to register the
Please return Ed Tsuji	all correspo	ndence concernin	g this matter	to the fo	ollowing:	
	· · · · · · · · · · · · · · · · · · ·	·	Name of F	erson		
MyNewComp	any.com, Inc					
		- 11-	Firm/Com	pany		
187 E. Warm	Springs Road	, Suite B	•	•		
			Addre	ss		
Las Vegas, N	V 89119					
			City/State ar	nd Zip c	ode	
agent@mynev	wcompany.co	m				
		E-mail address:	(to be used f	or futur	annual report n	otification)
For further in	nformation c	oncerning this ma	itter, please c	all:		
Ed Tsuji		•	702 at (, 3	62-2677	
Nan	ne of Person	<u> </u>	Area Code	e	Daytime Telepl	none Number
Regi Divi Clift 2661	stration Section of Corpon Building Executive (orations Center Circle	i:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
	ahassee, FL a check for t	32301 ne following amo	unt:			
■ \$70.00 F	iling Fee	S78.75 Filing Certificate of	Fee & f Status		5 Filing Fee & ied 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.

Zulu1 Ventures	orporation; must include "INCORPORATED," "	"COMPANY" "CORPORATION"	
	Corp.," "Inc," "Co," or "Corp.")	COMPANY, CORCORATION,	
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Florida)	
Delaware		1-4234262	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
10/25/2016	5		
(Date	5	(Date of duration, if other than perpetual)	
N/A			
	(Date first transacted business in F	lorida, if prior to registration)	
000 111 1 4 0	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty liability)	
	ings Rd.#917224, Longwood, FL 32779		
	(Principal	office address)	
			
	(Current mailing	address, if different)	
		=======================================	
. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	InCorp Services, Inc.		
Office Address:	17888 67th Court North		
office Address:	Loxahatchee	33470	
		, Florida	
	(City)	(Zip code)	
Dodstond	ent'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.

Sarah Bale Assist Sec.
(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 Address: Vice Chairman: Address: Chris Shaya Director: 143 Cadycentre, Suite 76, Northville, MI 48167 Address: Scot Tidwell Director: 143 Cadycentre, Suite 76, Northville, MI 48167 Address: **B. OFFICERS** Scot Tidwell President: 143 Cadycentre, Suite 76, Northville, MI 48167 Michael Martin Vice President: 143 Cadycentre, Suite 76, Northville, MI 48167 Address: Chris Shaya Secretary: 143 Cadycentre, Suite 76, Northville, MI 48167 Address: Chris Shaya Treasurer: 143 Cadycentre, Suite 76, Northville, MI 48167 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

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

a third degree felony as provided for in s.817.155, F.S.

Chris Shaya, Director

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (CONTINUED)

11. A

Director: Michael Martin

Address: 143 Cadycentre, Suite 76, Northville, MI 48167

17 MAR 16 PM 2: 87

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZULUI VENTURES, 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 FIFTEENTH DAY OF MARCH, 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 SAID "ZULU1 VENTURES, INC" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2016.

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

Authentication: 202200210

Date: 03-15-17

6192255 8300 SR# 20171784562

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. Zulu1 Ventures, 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) Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) 10/25/2016 4. (Date of incorporation) (Date of duration, if other than perpetual) N/A 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 920 Wekvia Springs Rd.#917224, Longwood, FL 32779 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee (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.

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Chrts Shaya, Director

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

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.

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

A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Chris Shaya Director:		
Address: 143 Cadycentre, Suite 76, Northville, MI 48167		
Scot Tidwell		
Director:		
B. OFFICERS		
Scot Tidwell President:	17	· ::
143 Cadycentre, Suite 76, Northville, MI 48167 Address:	H AR	7.5
	<u>5</u>	1134 1134 1134
Michael Martin Vice President:	P	i G⊆
Address: 143 Cadycentre, Suite 76, Northville, MI 48167	2: :	े दर
	3	, ,
Chris Shaya Secretary:		
Address: 143 Cadycentre, Suite 76, Northville, MI 48167		
Treasurer: Chris Shaya		
Address: 143 Cadycentre, Suite 76, Northville, MI 48167		
NOTE: If necessary, you may attach an addendum to the application listing add	itional officers and/or directors.	
12 C Sky		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 ab are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	ove) affirms that the facts stated herein nt to the Department of State constitutes	
13. Chris Shaya, Director		
(Typed or printed name and capacity of person signing	application)	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (CONTINUED)

11. A

Director: Michael Martin

Address: 143 Cadycentre, Suite 76, Northville, MI 48167

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