

F17000001658

(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:

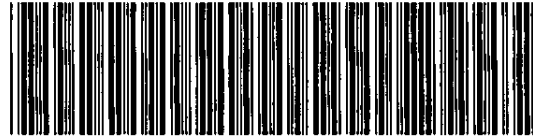
RA

W17-31457

4/12/17

R.A. Address per Marcus
Marchman. *(Signature)*

Office Use Only



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04/10/17--01035--007 **70.00

2017 APR 11 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

APR 12 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

CONNIE E. JOHNSON
401 E. JACKSON STREET, SUITE 2340
TAMPA, FL 33602

SUBJECT: ZB TECH, INC
Ref. Number: W17000031457

We have received your document for ZB TECH, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00007002

COVER LETTER

TO: Registration Section
Division of Corporations

ZB TECH INC

SUBJECT: _____
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:

CONNIE E JOHNSON

Name of Person
ZB TECH INC

Firm/Company
401 E JACKSON ST SUITE 2340

Address
TAMPA, FL, 33602

City/State and Zip code
info@zbtechinc.com

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

For further information concerning this matter, please call:

MARCUS MARCHMAN

813

580-6599

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate 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.*

ZB TECH INC

1. _____
(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. MN 3. 82-0786198
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/29/2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 04/01/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 401 E JACKSON ST SUITE 2340 TAMPA, FL, 33602
(Principal office address)

2908 PAVIA CIR AUSTELL, GA, 30106

(Current mailing address, if different)

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

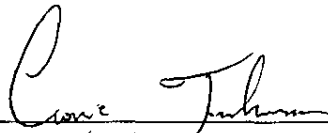
Name: MARCUS MARCHMAN

Office Address: 3011 N. 73 Street

Tampa, Florida 33619
(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.



(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.

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2011 APR 11 P 3 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CONNIE E JOHNSON

Address: 3011 N 73RD ST

TAMPA, FL, 33619

Vice President: MARCUS MARCHMAN

Address: 2908 PAVIA CIR

AUSTELL, GA, 30106

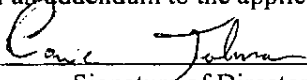
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 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.

13. Connie E Johnson

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

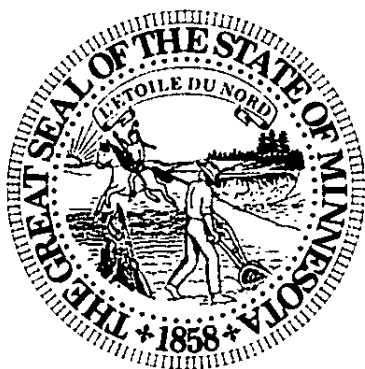
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2011 SEP 11 P 3 01
SECRETARY OF STATE
TAMPA, FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	ZB Tech, Inc
Date Filed:	10/29/2002
File Number:	12J-987
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/13/2017



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota