Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H170003363143)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (800)345-4647 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FOREIGN PROFIT/NONPROFIT CORPORATION ZEUS SECURITIES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

******PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS THE FILE DATE: 12/22/17

Zeus Securities, Inc.

ZEU

To: State of Florida

From: Vincent Butkevits, Zeus Securities, Inc.

Date: December 26, 2017

Subject: Permission for Poreign Entity filing

Please be advised, I am providing my consent for the entity "Zeus Securities, Inc." to file as a foreign entity in the State of Florida. The previous application as a domestic entity was made in error and has been voluntarily dissolved as of November 3, 2017 (per filing document P17000084044). Zeus Securities, Inc. does not intend to revoke the dissolution, and requests permission to proceed with filing as a foreign entity.

Vincent Butkevits, CEO

Zeus Securities, Inc.

H17000336314 3

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.

| 1. | ZEUS SECURI | TIES, INC. | | | |
|----|--|---|---|--|---|
| | (Enter name of c | orporation; must include "INCORPORATED," orp.," "Inc.," "Co," or "Corp.") | "COMPANY," "CORPORATION, | • | |
| | (If name unavail | able in Florida, enter alternate corporate name se | dopted for the purpose of transacting | business in Florida) | |
| 2. | NEW YORK | 3. | 11-2801873 | | |
| | (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 4. | MARCH 17, 19 | 86 | , | | |
| | (Date | of incorporation) | (Erte of duration, if other th | nan perpetual) | |
| б. | | | | | |
| | | (Date first transacted business in | | | |
| | | (SEE SECTIONS 607.1501 & 607.150 | 2, F.S., to determine penalty liability | <i>i</i>) | |
| 7. | 5002 T-REX AV | E, STE 235, BOCA RATON, FL 33431 | | | |
| | | (Principa | l office address) | | |
| | | | | 17 | |
| | | (Current mailing | address, if different) | —————————————————————————————————————— | |
| | | | | BC BC | |
| 8. | Name and stree | t address of Florida registered agent: (P.O. KAREN FISCHER | Box NOT acceptable) | 5 2 | |
| | Name: | | | 2 | 1 |
| O. | ffice Address: | 20869 PINAR TRAIL | | | ` |
| Ο. | nice Address. | BOCA RATON | .33433 | 五 五 2 8 | |
| | | | , Florida | 3.50 | |
| | | (City) | (Zip code) | | |
| 9. | Registered age | 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 us 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.

H170003363143

| 11. Nam | es and business addresses of officers and/or directors: |
|------------|---|
| _ | CTORS VINCENT BUTKEVITS |
| | 5002 T-REX AVE, STE 235 |
| Address: | BOCA RATON, FL 33431 |
| Vice Chai | men; |
| Address: | · · · · · · · · · · · · · · · · · · · |
| Director: | |
| Address: | |
| Director. | |
| Address: | |
| B. OFF | VINCENT BUTKEVITS |
| Address: | BOCA RATON, FL 33431 |
| | ident: |
| Address: | |
| Secretary: | |
| Address: | |
| Treasurer | |
| Address: | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| are true a | Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein 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. CENT BUTKEVITS - PRESIDENT |
| 13. | |

State of New York Department of State

SS:

I hereby certify, that the Certificate of Incorporation of ZEUS SECURITIES, INC. was filed on 03/17/1986, under the name of ZEUS SECURITIES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment ZEUS SECURITIES, INC., changing its name to TRANS-CAP SECURITIES, INC., was filed 08/14/2014.

A Certificate of Amendment TRANS-CAP SECURITIES, INC., changing its name to ZAI CAPITAL, INC., was filed 05/14/2015.

A Certificate of Amendment ZAI CAPITAL, INC., changing its name to ZEUS SECURITIES, INC., was filed 10/31/2017.

The Biennial Statement is past due.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 2'st day of December two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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WWW.DOSLNY.OOY



December 26, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: ZEUS SECURITIES, INC.

REF: W17000101319

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by snother entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is P17000084044 ZEUS SECURITIES, INC..

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**sk** Warren Regulatory Specialist II FAX Aud. #: H17000336314 Letter Number: 617A00026048

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P.O BOX 6327 - Tallahassee, Florida 32314

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