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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

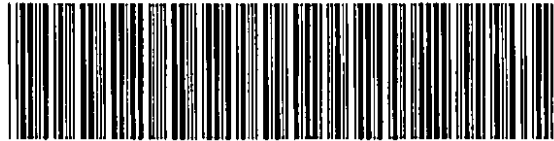
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JAN 24 PM 12:47
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZAPPISTORE INC.
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:

SEAN GRANAT

Name of Person

COHNREZNICK LLP

Firm/Company

1301 6TH AVE FL 10

Address

NEW YORK, NY 10019

City/State and Zip code

Sean.granat@COHNREZNICK.COM

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

For further information concerning this matter, please call:

SEAN GRANAT

Name of Person

at (646) 254-7466

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

ZAPPISTORE 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)
DELAWARE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

AUGUST 1, 2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

NOVEMBER 27, 2017

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

2222 PONCE DELEON BLVD, MIAMI FL 33134

7. _____
(Principal office address)

C/O COHNREZNICK LLP, 1301 6TH AVE FL 10, NEW YORK, NY 10019

(Current mailing address, if different)

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

GABRIEL VELEZ QUINONES

Name: _____

2222 PONCE DELEON BLVD

Office Address: _____

MIAMI

33134

_____, Florida _____
(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.

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

A. DIRECTORS

STEVEN PHILLIPS

Chairman:

C/O COHNREZNICK LLP, 1301 6TH AVE FL 10

Address:

NEW YORK, NY 10019

RYAN BARRY

Vice Chairman:

C/O COHNREZNICK LLP, 1301 6TH AVE FL 10

Address:

NEW YORK, NY 10019

Director:

Address:

Director:

Address:

B. OFFICERS

STEVEN PHILLIPS

President:

C/O COHNREZNICK LLP, 1301 6TH AVE FL 10

Address:

NEW YORK, NY 10019

RYAN BARRY

Vice President:

C/O COHNREZNICK LLP 1301 6TH AVE FL 10

Address:

NEW YORK, NY 10019

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. _____

Ryan Barry

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZAPPISTORE 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 FIRST DAY OF DECEMBER, 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 "ZAPPISTORE INC." WAS INCORPORATED ON THE FIRST DAY OF AUGUST, A.D. 2014.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5579244 8300

SR# 20177247525

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203664039

Date: 12-01-17