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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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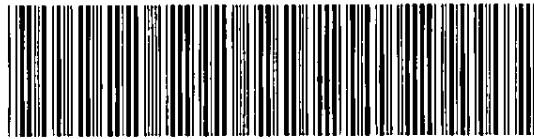
(Business Entity Name)

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S. HAWKES

JAN - 2021

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/14/2022

Acc#I20160000072

en: C DW

Name:	CZV, Inc.
Document #:	
Order #:	14096859

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 78.75

Thank you!

# 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. CZV, 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)
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 23, 2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
19601 Hamilton Ave., Torrance, CA 90502
7. \_\_\_\_\_  
(Principal office street address)  
  
\_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation FL 33324  
(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.*

C T Corporation System  
By: Mundela Helms  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## A: DIRECTORS

☐ Chairman Name: Kevin Czinger☐ Vice Chairman Address: 19601 Hamilton Ave, Torrance, CA 90502☒ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: Dan Mosher☐ Vice Chairman Address: 19601 Hamilton Ave, Torrance, CA 90502☒ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: David Schuman☐ Vice Chairman Address: 19601 Hamilton Ave, Torrance, CA 90502☒ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: Lukas Czinger☐ Vice Chairman Address: 19601 Hamilton Ave, Torrance, CA 90502☒ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: Joseph Miller☐ Vice Chairman Address: 19601 Hamilton Ave, Torrance, CA 90502☒ Director J \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_Secretary ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_Secretary ☐ Treasurer☒ Other William Collick \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. William Collick wcollick@czinger.com  
8557171449B174A6  
 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.

William Collick, Jr., Director of Sales

13. \_\_\_\_\_  
 (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 "CZV, 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 THIRTEENTH DAY OF JANUARY, A.D. 2022.

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.



7527744 8300

SR# 20220126900

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202397921

Date: 01-13-22