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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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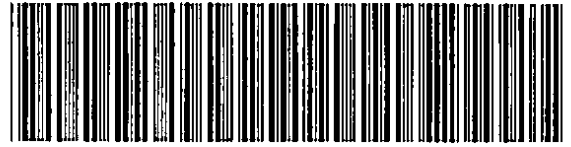
(Business Entity Name)

(Document Number)

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S. ROBERTS

JUL 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations
Zeregratran SA, 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:
Stephanie Fiesta, Esq.

_____	Name of Person
3rd Gen Law Group, LLP	
_____	Firm/Company
1735 17th Street, NW	
_____	Address
Washington, DC 20009	
_____	City/State and Zip code
Stephanie.Fiesta@3rdgenlaw.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Fiesta	703	249-4418
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<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
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**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.*

Zergratran SA, 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)
5-16-22

4. _____ 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)
501 East Las Olas Blvd., Suite 207, Ft. Lauderdale, FL 33301

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: Byron Bennett

Office Address: 501 East Las Olas Blvd., Suite 207
Ft. Lauderdale, Florida 33301
(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.

Byron L Bennett

(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

Byron Bennett
☐ Chairman Name: _____
501 East Las Olas Blvd.
☐ Vice Chairman Address: _____
Suite 207
☒ Director _____
Ft. Lauderdale, FL 33301
☒ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

Katarina Galic
☐ Chairman Name: _____
501 East Las Olas Blvd.
☐ Vice Chairman Address: _____
Suite 207
☒ Director _____
Ft. Lauderdale, FL 33301
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Herb Chain
☐ Chairman Name: _____
501 East Las Olas Blvd.
☐ Vice Chairman Address: _____
Suite 207
☒ Director _____
Ft. Lauderdale, FL 33301
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Robert Bohorad
☐ Chairman Name: _____
501 East Las Olas Blvd.
☐ Vice Chairman Address: _____
Suite 207
☒ Director _____
Ft. Lauderdale, FL 33301
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Javier Leon
☐ Chairman Name: _____
501 East Las Olas Blvd.
☐ Vice Chairman Address: _____
Suite 207
☒ Director _____
Ft. Lauderdale, FL 33301
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Thomas M. Lee
☐ Chairman Name: _____
501 East Las Olas Blvd.
☐ Vice Chairman Address: _____
Suite 207
☒ Director _____
Ft. Lauderdale, FL 33301
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ 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. Byron L Bennett
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.

Byron Bennett, President

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 "ZERGRATRAN SA, 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 TWENTY-NINTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZERGRATRAN SA, INC." WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2022.



6800809 8300

SR# 20222805778

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203800247

Date: 06-29-22