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(((H22000356978 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONAL LICENSING CONSULTANTS, LLC

Account Number : I20210000115 : (954)233-0222 Fax Number : (813)441-8235

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

Email Address: Statelicenseinfo@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION ZILLACOMM INC.

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S. ROBERTS

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COVER LETTER

TO: Registration Section Division of Corporations							
SUB.II	ECT:	ZILLACOMM, INC.					
Name of corporation - must include suffix							
Dear S	ir or M	adam:					
"Certif	icate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good Stand	ing" and check are subr			
Please	return :	all correspondence concerni	ng this matter t	o the following:			
AMAN	DA BRI	ERLEY					
			Name of P	erson			
NATIO	NWIDE	CONTRACTOR LICENSIN	iG _				
			Firm/Comp	any			
29157	CHAPE	EL PARK DR STE A					
			Addres	S			
WESL	EY CH/	APEL, FL 33543					
			City/State and	d Zip code			
STATE	ELICEN	SEINFO@GMAIL.COM					
		E-mail address	s: (to be used fo	r future annual report n	otification)		
For fur	ther in	formation concerning this m	natter, please ca	11:			
AMAN	AMANDA BRIERLEY at (954)		233-0222				
	Nam	e 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					
Please :	make ch	check for the following amucck payable to: FLORIDA Ding Fee S78.75 Filir Certificate	EPARTMENT (ig Fec & 💢	OF STATE S78.75 Filing Fee & Certified Copy	\$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.

GEORGIA (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1367 BUFORD BUSINESS BLVD STE 100 BUFORD, GA 30518 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) Registered agent's acceptance:	(If name unavail	able in Florida, enter alternate corporate nam		g business in Florida)
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1367 BUFORD BUSINESS BLVD STE 100 BUFORD, GA 30518 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) Florida (Zip code)	GEORGIA 26-2357658			
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1367 BUFORD BUSINESS BLVD STE 100 BUFORD, GA 30518 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC Tice Address: WESLEY CHAPEL (City) (City) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (See SECTIONS 607.1502, F.S., to determine penalty liability) 1367 BUFORD BUSINESS BLVD STE 100 BUFORD, GA 30518 (Principal office street address)	(State or country	y under the law of which it is incorporated)		licable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1367 BUFORD BUSINESS BLVD STE 100 BUFORD, GA 30518 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City)		5	5	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1367 BUFORD BUSINESS BLVD STE 100 BUFORD, GA 30518 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC fice Address: 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) (City) Florida 33543 (Zip code)	(Date	of incorporation)	(Date of duration, if other th	nan perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1367 BUFORD BUSINESS BLVD STE 100 BUFORD, GA 30518 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC Tice Address: 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) (City) Florida 33543 (Zip code)				
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC Tice Address: 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) (City) (Current mailing address, if different) ROT ACCEPTABLE (City)		(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liabilit	y)
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC Tice Address: 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) (1367 BUFORD	BUSINESS BLVD STE 100 BUFORD, GA	A 30518	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC Tice Address: 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City), Florida 33543 (Zip code)		(Principal of	ffice street address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NATIONAL LICENSING CONSULTANTS, LLC 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) (City) NOT acceptable) (P.O. Box NOT acceptable) (P.O. Box NOT acceptable) (City) (City) (City) (P.O. Box NOT acceptable) (City) (City) (City) (City) (City) (City) (City) (City) (City)				
Name: NATIONAL LICENSING CONSULTANTS, LLC 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) (City) NATIONAL LICENSING CONSULTANTS, LLC (City) (City) (City) (City) (City)		(Current mail	ling address, if different)	202
Name: NATIONAL LICENSING CONSULTANTS, LLC 29157 CHAPEL PARK DR STE A WESLEY CHAPEL (City) (City) NATIONAL LICENSING CONSULTANTS, LLC (City) (City) (City) (City) (City)	M	. 11 001 11 22 1 20	. O. D	7.00
Tice Address: 29157 CHAPEL PARK DR STE A WESLEY CHAPEL , Florida 33543 (City) (City) (Zip code)	Name and site		•	<u> </u>
WESLEY CHAPEL , Florida 33543 City) (City) (Zip code)	Name:	NATIONAL LICENSING CONSULTAN	ITS, LLC	· 😄
WESLEY CHAPEL , Florida 33543 City) (City) (Zip code)	Office Address:	29157 CHAPEL PARK DR STE A		· A
		WESLEY CHAPEL	33543	άi
		(City)	, Florida (7in code)	02
	5		(Zip code)	~
	signated in this	application, I hereby accept the appoint	tment as registered agent and agree	e to act in this capac
iving been named as registered agent and to accept service of process for the above stated corporation at the p signated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	C P		relative to the proper and complete	

^{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.

s.817.155, F.S.

Page: 4 of 5 2022-10-18 14:59:27 GMT 18134418235 From: ANGELA RAMSAY

A. DIRECTORS				H22000356978
□ Chairman	Name: JOHN GUNDERSON	Chainnan	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	1367 BUFORD BUSINESS BLVD	□Director		
□President	STE 100	☐ President		, Assessment Assessmen
□Vice President	BUFORD, GA 30518	□Vice President		
■ Secretary	☐ Treasurer	□ Secretary		☐Treasurer
Other CEO/CF	O Other	Other		□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	Secretary		☐Treasurer
Other	Other	□Other		□Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Directer		□Director		
□President		□President		
□ Vice President		□Vice President	<u></u>	
□Secretary	☐Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		ПО фег
individuais may b	Use an attachment to report more than six (6). The c added to the index when filing your Florida Department of Direct Signature of Direct corticor signing this document (and who is listed in numerical contents).	ntment of State Annual Re	eport form.	
	alse information submitted in a document to the De			

Control Number: 10043043

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Scoretary of State of the State of Georgia, do hereby certify under the seal of my office that

ZILLACOMM, INC.
a Foreign Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 23769312 Date Inc/Auth/Filed 06/14/2010

Jurisdiction : Delaware Print Date : 10/14/2022

Form Number : 211

Brad Raffensperger

Brad Raffensperger Secretary of State