F2300000 5994

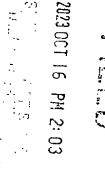
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100417434501

10/16.28--t.387--0,3 **87.50



COVER LETTER

	gistration Section vision of Corporations					
SHRJEC	T: ZE CAT, Inc.					
Sonatio	Nar	ne of corporatio	n - mu	st include suffix		
Dear Sir o	Madam:					
"Certificat	ed "Application by Foreign e of Existence," or "Certific renced foreign corporation (ate of Good Sta	nding"	and check are submit		
Please retu	rn all correspondence conc	erning this matte	er to th	e following:		
Coley Quin	n, CEO					
	•	Name o	Perso	n		
ZE CAT, It	nc.					
		Firm/Co	npany			
415 NW 1s	t Terrace, Unit C					
		Add	ress			
Deerfield F	each, Florida 33441					
		City/State	and Zi	p code		
bizventure-	u@gmail.com					
	E-mail add	ress: (to be used	for fu	ture annual report noti	itication)	
For further	information concerning the	is matter, please	call:			
Coley Quir	Coley Quinn at () 201-2263					
N	ame of Person	Area Co	de	Daytime Telephor	ne 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		
	~	A DEPARTMEN	□ \$ 78		\$87.50 Filing Fee, Certificate of Status &	

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.

ZE CAT, Inc.						
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATIO				
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transact	ing business in Florida)			
State of Delawa	re 3	3 N/A				
·	y under the law of which it is incorporated)	(FEI number, if applicable)				
February 17, 20:	23					
(Date	of incorporation)	(Date of duration, if other than perpetual)				
NO PRIOR BUS	SINESS TRANSACTION					
415 NW 1st Terra	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02. F.S., to determine penalty liab	ility)			
	ace, Unit C, Deerfield Beach, Florida 33441 (Principal office)	ce street address)				
Same as above						
	(Current mailin	g address, if different)				
3. Name and stree	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	2023 (\$			
Name:	Coley Quinn, CEO		2023 OCT 15			
Office Address:	4780 NW 24th Court, C109					
	Lauderdale Lakes	, Florida 33313	PH 2:			
	(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.

A. DIRECTORS								
Chairman	Name: Coley Quinn	□Chairman	Name:					
□Vice Chairman	Address: 4780 NW 24th Court, C109	□Vice Chairman	Address:					
□Director	Lauderdale Lakes, Florida 33313	□Director						
□President		□President	··-					
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
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				
□Chairman	Name:	□ Chairman	Name:					
□ Vice Chairman	Address:	□Vice Chairman	Address:	P.				
□Director		Director	 .					
□President		□President						
□Vice President		□Vice President						
□Secretary	☐Treasurer	□Secretary		□Treasurer				
□Other	□Other	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. 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 of 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.								

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZE CAT 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 AST THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2023.



Authentication: 204227668

Date: 09-29-23