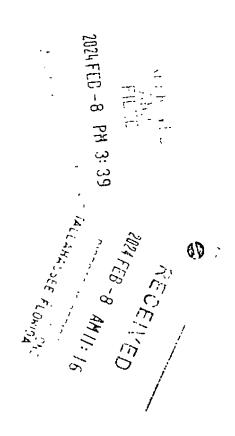
F24000000712

(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:





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FEB 0 8 2024

K. Brumbley

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 302950 7473471
HORIZATION : THE REFERENCE TO THE PROPERTY OF THE P

COST LIMIT : \$ 70.00

ORDER DATE: February 1, 2024

ORDER TIME : 10:07 AM

ORDER NO. : 302950-025

CUSTOMER NO: 7473471

FOREIGN FILINGS

NAME: ZG HOLDINGS, INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

XX

EXAMINER:

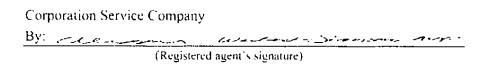
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting bu	siness in Florida)
Oregon	3.		
(State or countr 04/27/2023	y under the law of which it is incorporated) 5.	(FEI number, if applica	ible)
(Date of incorporation)		(Date of duration, if other than	perpetual)
328 NW Bond S	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, t., Suite 102 Bend, OR 97703-3308		
 	(Principal office s	Ireet address)	
	(Current mailing ac	ldress, if different)	2024 FE
. Name and <u>stree</u>	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	. ස් 1 ග
Name:	Corporation Service Company	_	<u> </u>
	1301.11		
Office Address:	Tallahassee	32301	မာ 9

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.



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 John Murphy Name: □Chairman □ Chairman Name: 19075 Saddleback Ln Address: Vice Chairman □ Vice Chairman Address; Bend, OR 37703-8568 **■**Director □Director President □President Vice President □ Vice President □ Secretary Treasurer. □ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: ___ □Chairman □ Chairman Name: ____ Address: 67 Waters Edge Rd ☐ Vice Chairman C Vice Chairman Address: Sparta, NJ 07871-3850 ■ Director □ Director President President □ Vice President □ Vice President □ Secretary Treasurer. □ Secretary ☐Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Chairman. Name: _____ □ Chairman Nune: □Vice Chairman Address: ☐ Vice Chairman Address: □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, 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. John Murphy, President

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 2579472

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

ZG HOLDINGS, INC

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

OF OOK GON

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Lavonne Griffig-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 2/1/2024



Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.