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M. HOOGER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	FIONS LLCed Liability Company)	
	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign limited	
Please return all correspondence concerning this ma	tter to the following:	
Mark Wan	arda	
(Nan	ne of Person)	
L.T.S.C, LLC		
L.T.S.C, LLC (Firm/Company)		
28 West Park A	HE	
(Address)		
Lake Wales, FC	33853	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person)	at (863) 678-0011 (Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
-	Division of Corporations	
	Clifton Building	
•	2661 Executive Center Circle Tallahassee, FL 32301	
Linclosed is a check for the following amount: \$\Begin{align*} \Boxed{1} \\$ \$125.00 \text{ Filing Fee & Certificate of St.} \end{align*}	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate latus Certified Copy of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
7 Oremtions LLC.
(Name of Foreign Limited Liability Company)
2. Ulvada (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-4577579 (FEI number, if applicable)
4. Object (Date of Organization) 5. Curation: Year limited liability company will cease to exist or "perpetual")
here so far
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1802 N. Carson St. Suite 212
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
9. The name and usual business addresses of the managing members or managers are as follows: N. Serger 1988 S.P. 44 # 127
198a S.R. 44 # 127
N. Serger 1983 S.R. 44 # 127 New Smyrna Bch, FL. 32168 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having entited in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
N. Serger 1983 S.R. 44 # 127 New Smyrra Bch, FL. 32168 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having exist.) I the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member for an authorized representative of a member.
N. Serger 1983 S.R. 44 # 127 New Smyrra Bch, FL. 32168 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having exist. In the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Reserved.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Z Operations LLC
2. The name and the Florida street address of the registered agent and office are:
L.T.S.C. LLC
28 West Pack Ave.
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Lake Wales FL 33853
Crty/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Z OPERATIONS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 20, 2005, and is in good standing in this state.

> IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 26, 2006.

> > **DEAN HELLER** Secretary of State

By