

M11000001034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

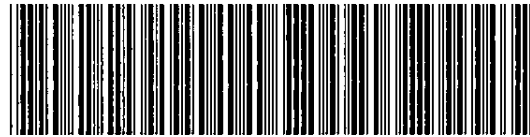
Special Instructions to Filing Officer:

A. LUNT

FEB 28 2010

EXAMINER

Office Use Only



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02/24/11--01041--017 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 24 PM 3:01

FILED

MyCorporation®

23586 Calabasas Rd. Suite 102
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005
Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

October 25, 2010

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

FILED
2011 FEB 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Foreign Authority Filing – Zap Technology LLC

Ladies and Gentlemen:

Please find enclosed for filing an application for foreign authority, and any required supplemental documentation, for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation
23586 Calabasas Rd. Suite 102
Calabasas, CA 91302
ATTN: Post Formation Filings

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. **Zap Technology LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Zap Technology of North Florida, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **26-3640613**

(FEI number, if applicable)

4. **09/11/2008**

(Date of Organization)

5. **Perpetual**

(Duration: Year limited liability company will cease exist or "perpetual")

6. **Upon Filing**

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **3733 University Blvd. W, Suite 303**

Jacksonville, FL 32217

(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:

Julian Johnson- 3733 University Blvd. W, Suite 303, Jacksonville, FL 32217

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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: _____

business software



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Julian Johnson

Typed or printed name of signee

FILED
FEB 24 PM 3:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

**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:

Zap Technology LLC

If name unavailable, the alternate name to be used in the state of Florida is:

Zap Technology of North Florida, LLC

2. The name and the Florida street address of the registered agent and office are:

Michael K. Williams

(Name)

6917 Southpoint Parkway, Suite 603

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Jacksonville

FL 32217

City/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
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
2011 FEB 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZAP TECHNOLOGY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2011.

4599050 8300

110134150

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8550729

DATE: 02-09-11