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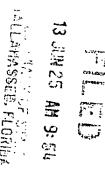
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TO:	Registration Section Division of Corporations			N. T. A. O. C.	F)
SUBJE	YCT.	ZTM, uc_		,	=
SUDJE			ited Liability Company		F 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
The end Existen	closed "Application by Foreice, and check are submitted	eign Limited Liability Comp I to register the above refere	eany for Authorization to Tra	nsact Business in Flo company to transact	rida," Certificate of business in Florida
Please	return all correspondence c	oncerning this matter to the	following:		
		Josh Na	HARRISON me of Person		
		1 West	Hoowas uc		
			m/Company		
		701 4	AKHUANDER BUND. Address	1Ste. 700	
			STION TX 76015 ate and Zip Code		
		E-mail address: (to be used	Substantial for future annual report noti	Com fication)	
For fur	ther information concerning	g this matter, please call:			
	Tost Viame	Mercuson Area	at (<u>817</u>) <u>82</u> Code & Daytime Telephone	- 487 2 e Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 E:	T ADDRESS: n of Corporations ntion Section Building kecutive Center Circle ssee, FL 32301		
Enclo	sed is a check for the f	ollowing amount: \$\square\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing F	

. APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT 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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") FURER TIETZ MARTIN 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.") (Jurisdiction under the law of which foreign limited liability company is organized) Perpetuan (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: MICHAEL ZURER, 2 PALMEHO CL. TROPHY OUB TX MARTIN, 30 Still SHADOW DR. CHARLESTON DAVID TIETZ, 5804 RALEIGH DR., THER TX 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: CREMATION ! OWNERSHIP OF DOWAL EQUIPMENT IMPLIANT LAB. 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. I am aware that any 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.)

Typed or printed name of signee

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:			
ZTM, UC			
If unavailable, the alternate to be used in the state of Florida is:			-
ZUBER TIETZ MARTIN, LC			
2. The name and the Florida street address of the registered agent and office are:			
Gregory T Wright		13 JUA	
10580 NW 2nt St	1888 E.	THE 25 AN	American A American American American American A American American American A American American A A A A American A A A A A A A A A A A A A A A A A A A
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLORIDA	99 69 6	, 187 - 1 6 76-3-06'y
Minami FL 3317) City/State/Zip	× .	12"	

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)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John Steen Secretary of State

Office of the Secretary of State

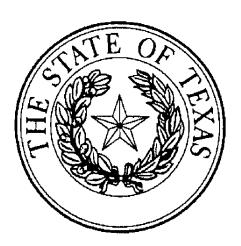
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

ZTM, LLC Filing Number: 801678791

Certificate of Formation

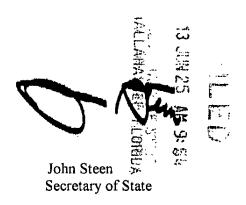
October 31, 2012

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 17, 2013.



Phone: (512) 463-5555

Prepared by: SOS-WEB



Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709

ax: (512) 463-570 TID: 10266 Dial: 7-1-1 for Relay Services Document: 485969100005