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COVER LETTER

TO:	Registration Section		
	Division of Cornorations		

SUBJECT: ZYOMIC JOBS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Denice A. Gierach				
Name of Person				
THE GIERACH LAW FIRM				
Firm/Company				
1776 Legacy Circle, Suite 104				
Address				
Naperville, IL 60563				
City/State and Zip Code				
deniceg@gierachlawfirm.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Ross Wiltse 630 699-5066

Name of Person Area Code & Daytime Telephone Number

• •

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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	NTHE STATE OF FLORIDA:	
ZYOMIC JOBS, LLC		
(Name of Foreign Limited Liability Company; must in	include "Limited Liability Company," "L.L.C.," or "LLC.")	-
(If name unavailable, enter alternate name adopted for the pu	urpose of transacting business in Florida and attach a copy of the	- written
	alternate name. The alternate name must include "Limited Liabili	ty
Company," "L.L.C," "LLC.")		
_{2.} Colorado	_{3.} 46-1749525	
(Jurisdiction under the law of which foreign limited liabilit company is organized)	ty (FEI number, if applicable)	-
	Dometual	
4. 01/01/2013	_{5.} Perpetual	_
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
6. (Date first transacted business in	n Florida, if prior to registration.)	골
(See sections 608.501 & 608.502	F.S. to determine penalty liability)	ω •
7 4436 Sentry Palm Loop		带丁
	<u> </u>	
Zephyr Hills, FL 33542	Hog.	
(Street Addi	ress of Principal Office)	· == \(\cup \)
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9. The name and usual business addresses of the managing members or managers are as follows:

8. If limited liability company is a manager-managed company, check here

Ross Wiltse - Manager

4436 Sentry Palm Loop

Zephyr Hills, FL 33542

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: the transaction of any and all lawful business for which a limited liability company may be formed under the Florida Limited Liability Company Act

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.)

Ross Wiltse

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 Companion ZYOMIC	y is: C JOBS, LLC	
If unavailable, the alternate to be used in the s	tate of Florida is:	
2. The name and the Florida street address of	the registered agent and office are:	
Ro	ss Wiltse	ISECURE SELLA
	(Name)	調に
4436 Sentry Pal	lm Loop	THE REPORT OF
Florida Street Addre	ess (P.O. Box NOT ACCEPTABLE)	PLOP 2
Zephyr Hills	FL 33542 City/State/Zip	- BA

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)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Zyomic Jobs, LLC

is a Limited Liability Company formed or registered on 01/01/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20121724336.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/03/2013 that have been posted, and by documents delivered to this office electronically through 09/04/2013 @ 15:17:17.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/04/2013 @ 15:17:17 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8633186.



Secretary of State of the State of Colorado

**********End of Certificate*************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."