

#M14000000617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

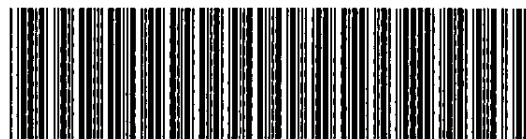
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JAN 24 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 30 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** STUDIO Z ARCHITECTURE, PLLC  
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:

WILLIAM ZEHRUNG  
Name of Person

STUDIO Z ARCHITECTURE, PLLC  
Firm/Company

9231 MITCHELL GLEN DR.  
Address

CHARLOTTE, NC 28277  
City/State and Zip Code

studioz.wsz@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM ZEHRUNG at ( 980 ) 229-0544  
Name of Contact 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 &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. STUDIO Z ARCHITECTURE, PLLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NORTH CAROLINA 3. 46-3972017  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9231 MITCHELL GLEN DR.  
CHARLOTTE, NC 28277  
(Street Address of Principal Office)

6. 9231 MITCHELL GLEN DR.  
CHARLOTTE, NC 28277  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

WILLIAM S. ZEHRUNG - ORGANIZER, MEMBER AND PRESIDENT  
9231 MITCHELL GLEN DR.  
CHARLOTTE, NC 28277

8. 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)

William S. Zehring

Signature of an authorized person

(In accordance with section 605.0203, 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.)

WILLIAM S. ZEHRUNG

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

STUDIO Z ARCHITECTURE, PLLC

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

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

REGISTERED AGENTS INC.

(Name)

3030 N. Rocky Point Dr., STE 150A

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

Tampa

FL

33607

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 605, Florida Statutes.*



Dan Keen - President

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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2014 JAN 24 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Studio Z Architecture, PLLC  
9231 Mitchell Glen Dr.  
Charlotte, NC 28277

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2014 JAN 24 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ms. Karen Saly  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

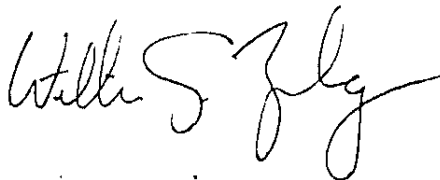
Re: Application for Qualification of Foreign LLC

Dear Ms. Saly:

Please accept this letter as the required notice clarifying the type of work that the foreign business applying for qualification is engaged in. Studio Z Architecture, PLLC is a full service architecture firm. Services include design and planning, construction document preparation and construction administration. As required by law I, as the President of the business, am licensed to practice architecture in the state of Florida and the required additional approval from the Florida Department of Business and Professional Regulation will be applied for once the qualification is acquired from the Department of State.

If you need any additional information please feel free to contact me at your convenience. I may be reached at [studioz.wsz@gmail.com](mailto:studioz.wsz@gmail.com) or (980) 229-0544.

Regards,



William S. Zehrung  
President  
Studio Z Architecture, PLLC  
Florida Architecture License #AR94234



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

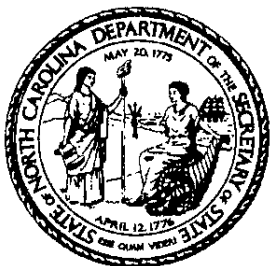
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### STUDIO Z ARCHITECTURE, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 10th day of October, 2013, with a period of duration ending Perpetual.

I FURTHER certify that the said professional limited liability company's articles of formation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said professional limited liability company is not suspended for failure to comply with the provisions of any North Carolina Licensing Board; and that the said professional limited liability company has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed my official seal at the City  
of Raleigh, this 18th day of January, 2014.



Scan to verify online.

*Elaine F. Marshall*

Secretary of State