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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | siness Entity Na | ame) | | |
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| Certified Copies | Certificate | es of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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July 1, 2014

ANDREW LEAVY HSD HOLDINGS 1930 N UNIVERSITY DR. #342 PLANTATION, FL 33322

SUBJECT: ZENITH CAPITAL SOLUTIONS LLC

Ref. Number: W14000040832

We have received your document for ZENITH CAPITAL SOLUTIONS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 514A00014269

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---|--|--|--|--|--|
| | (1) | | | | |
| SUBJE | | | | | |
| | Name of Limited Liability Company | | | | |
| | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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: | | | | |
| | Andrew Leavy | | | | |
| | Name of Person / | | | | |
| | | | | | |
| | HSD Holdings Company | | | | |
| | 1830 N. University Drive | | | | |
| | # 342 Plantation, FL^ 9 3322 | | | | |
| | Plantation, FL 55522 | | | | |
| | | | | | |
| City/State and Zip Code | | | | | |
| ALEAVY @ HSD HOLDINGS, COM E-rhail address: (to be used for future annual report notification) | | | | | |
| | E-rhail address: (to be used for future annual report notification) | | | | |
| For fur | ther information concerning this matter, please call: | | | | |
| | Andrew Ceauf at 954, 377-9033 | | | | |
| | Name of Contact Person Area Code Daytime Telephone Number | | | | |
| | MAILING ADDRESS: STREET ADDRESS: | | | | |
| | Division of Corporations Registration Section Division of Corporations Registration Section | | | | |
| | P.O. Box 6327 Clifton Building | | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclo | sqd js a check for the following amount: | | | | |
| | \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A |
|--|
| FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
| 1. Zenth Carine Solutions LLC (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. Delaware 3. 30-0808553 |
| 2. Vectors 3. (FEI number, if applicable) company is organized) |
| 4 |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) |
| 5 |
| 5781 W. Suntie Blud Plantation Fr 33313 (Street Address of Principal Office) |
| 6. 1830 N. University DR #342 |
| Plantation Fr 333322 |
| (Mailing Address) |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: |
| Barbara Polon, managle 20 5 |
| 5781 W. Savrise Blue |
| Plantation, Fr 33313 |
| 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) |
| Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an aftirmation under the penalties of perjury that the facts stated herein are true. 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 |
| I VOCO OF DEFICE HAME OF SIGNEC |

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 | E Limited Liability Company is: | |
|--|---|---|
| Zeni | TH CAPITAL Solutions LLC | 1014 |
| If unavailable, the | alternate to be used in the state of Florida is: | JUL 21 P |
| 2. The name and t | he Florida street address of the registered agent and office are: Barbara Dolan (Name) | ELONIO: |
| | | - |
| | 5781 W. Sunrise Blul | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | - |
| _ | Plantation FL 333/3 City/State/Zip | _ |
| | City/State/Zip | |
| liability company a registered agent ar statutes relating to | d as registered agent and to accept service of process for the above at the place designated in this certificate, I hereby accept the appoint ad agree to act in this capacity. I further agree to comply with the pathe proper and complete performance of my duties, and I am familiations of my position as registered agent as provided for in Chapter 60 (Signature) | tment as rovisions of all ar with and |

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZENITH CAPITAL SOLUTIONS, 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 SEVENTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZENITH

CAPITAL SOLUTIONS, LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY,

A.D. 2014.

5477783 8300

140966456

AUTHENTY CATION: 1544242

DATE: 07-17-14

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