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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)817-6383

From:
Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509)768-2249
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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15 JUL 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2015 JUL 14 AM 7:49

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Foreign Limited Liability Company
ZAP'S ELECTRICAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

**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. ZAP'S ELECTRICAL LLC

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

2. RHODE ISLAND

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

3. N/A

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 23 GLEANER CHAPEL RD, NORTH SCITUATE, RI 02857

(Street Address of Principal Office)

6. 23 GLEANER CHAPEL RD, NORTH SCITUATE, RI 02857

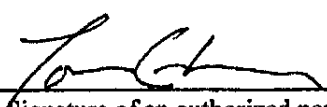
(Mailing Address)

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

BRIAN SNOW, MEMBER, 23 GLEANER CHAPEL RD, NORTH SCITUATE, RI 02857

KRISTEN SNOW, MEMBER, 23 GLEANER CHAPEL RD, NORTH SCITUATE, RI 02857

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 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.)

TOM GLOVER

Typed or printed name of signee

2015 JUL 14 AM 7:49

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**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:

ZAP'S ELECTRICAL LLC

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:

NORTHWEST REGISTERED AGENT LLC

(Name)

3030 N. Rocky Point Dr, Ste 150A

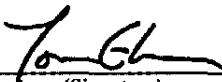
Florida Street Address (P.O. Box NOT ACCEPTABLE)

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.



(Signature)

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2015 JUL 14 AM 7:49

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: **15070015210**

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that

ZAP'S ELECTRICAL LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

June 08, 2010

Effective

June 08, 2010

IT IS FURTHER CERTIFIED that as of this date said limited liability company is duly organized
and existing under and by virtue of the laws of the State of Rhode Island and is in good
standing according to the records of this office.

SIGNED AND SEALED ON

Wednesday, July 08, 2015

Secretary of State

Authorized Agent

