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Certified Copies	_ Certificates	of Status
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SELBETARY OF STATE
ALLAHASSEF FIREPING

J. HARRIS

## COVER LETTER

	; gistration Section vision of Corporation	15			
SUBJECT:	Zozco, LLC				
SUBJECT:	~	Name of	Limited Liability (	Company	
					unsact Business in Florida," Certificate o company to transact business in Florida
Please return	all correspondence of	concerning this matter to the	following:		
	Jeff Blair				
	<del></del>	N	ame of Person		
	Zozco, LLC				
		Fi	rm/Company	····	
	7950 O Street				
			Address		
	Lincoln, NE 68	3510			
		City/S	tate and Zip Code		
	jblair@bizco.cor	m			
		E-mail address: (to be used	d for future annual	report not	ification)
For further i	nformation concernin	g this matter, please call:			
Jef	f Blair		402 at (	323-48	19
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Div Re <sub>i</sub> P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\text{\$130.00 Filing Fee & }}\$  Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate 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:

	ign Limited Liability Company; mu					<del></del>
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpos "or "LLC.")	e of tra	sacting business in	Florida. The alternate r	name must include	"Limited
2 Lancaster County, Nebr	aska	3.	45-2662828			
	of which foreign limited liability	٠.	(	FEI number, if applicab	ole)	<del></del>
4. 9/15/2015						
T	(Date first transacted busine (See sections 605,0904 & 605	ss in F	orida, if prior to reg	gistration.)		
5. 7950 O Street	(c.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Lincoln, NE 68510						
7050 O Street	(Street Address of	Princip	l Office)			
6. 7950 O Street			<del></del>		— Ax 智	amenta e a Maria d
Lincoln, NE 68510					- C - S	
	(Mailing	Addres	)			- Exposure.
7. Name and street address	ss of Florida registered agent: (P	O. Bo	NOT_acceptabl	e)	SSE P	\ E
Name:	Danielle Zoz	_			ing 7	
Office Address:	8 Midway Island				SS F	5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Clearwater			Florida 33767	55	F
	(City)		<u> </u>	(Zip code)	<del></del>	
Registered agent's accep						
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the control of the c	registered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.  (Registered and address of the person(s)	tment prope teroti a	as registered ages and complete pe ent's signature)	nt and agree to act in erformance of my dui	this capacity. I	further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the control of the c	gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  (Registered and address of the person(s)	tment prope teroti a	as registered ages and complete pe ent's signature)	nt and agree to act in erformance of my dui	this capacity. I	further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same, title or capa	gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  (Registered and address of the person(s)	tment prope teroti a	as registered ages and complete pe ent's signature)	nt and agree to act in erformance of my dui	this capacity. I	further agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of the same, title or capa Paul W. Zoz, Sole Members	gistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.  (Registered and address of the person(s)	tment prope teroti a	as registered ages and complete pe ent's signature)	nt and agree to act in erformance of my dui	this capacity. I	further agree

Typed or printed name of signee

Paul W. Zoz

## STATE OF NEBRASKA

United States of America, } ss State of Nebraska } Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

ZOZCO, LLC

was duly formed under the laws of Nebraska on January 30, 2012;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

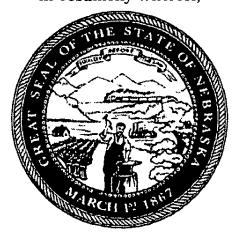
the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

September 10, 2015

Secretary of State