

Florida Department of State

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Email Address: patty@delaneycorporate.com

Foreign Limited Liability Company ZYMBOP LLC Certificate of Status Certified Copy Page Count Estimated Charge STATE O Certificate of Status O Certified Copy STATE STATE

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OCT 07 2015

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 POREIGN LIMITED LIABILITY COMPANYTOTRANSACT RESIDENCE IN THE STATE OF FLORIDA.

ZYMBOP LLC	SEVESS IN THE STATE OF FLORIDA:		
(Name of Fore	eign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.,"	or "LLC.")
f name unavailable, enter al iability Company," "L.L.C,	ternate name adopted for the purpose of transact or "LLC.")	cting business in Florida. The alternate u	ame must include "Limited
Delaware	3.		
Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
Upon filing			
	(Date first transacted business in Florid (See sections 605,0904 & 605,0905, F.S.	a, if prior to registration.) to determine penalty liability)	_
1330 Ocean Drive, Sui	•		
Miami Beach, FL 3313	9		
•	(Street Address of Principal O	file)	
1330 Ocean Drive, Suite 4B			E
Miami Beach, FL 33139		12 S S TI	
	(Mailing Address)		
Name and street addres	s of Florida registered agent: (P.O. Box N	IOT accentable)	FILE OCT -6 A AHASSEE. F
	Andrew Kowalzcyk		
Name:			FL P
Office Address:	1330 Ocean Drive, Suite 4B	·	3
	Miami Beach	, Florida 33139	
gistered agent's accept	(City)	(Zip code)	
signated in this applicate complywith the provision complywith the provision of the obligations of the configurations of the configurations.	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- us of all statutes relative to the proper and up position as registered agent. Andrew Kowalzcyk By:	egistered agent and agree to act in the discomplete performance of my edition of my with the second of the second	his capacity. I further agre
	(Registered agent's	signature)	
The name, title or capa	city and address of the person(s) who has/h	ave authority to manage is/are:	
drew Kowalzcyk, Mem	ber/Manager		
30 Ocean Drive, Suite 4	В		
iami Beach, FL 33139			
Attached is a certificate of isdiction under the law of the translator must be su	of existence, no more than 90 days old, duly f which it is organized. (If the certificate is braitted) Amales Company Com	y suthenticated by the official having in a foreign language, a translation of the state of the	g custody of records in the of the certificate under oath
is document is executed omitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of), Florida Statutes. I am aware that as degree felony as provided for in s.81	ny false information 7.155, F.S.
	Andrew Kowalzcyk		
	Typed or printed name	of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ZYMBOP 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 SIXTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZYMBOP LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at form delaware sov/auth

Authentication: 10189107

Date: 10-06-15