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| (Bu | siness Entity Nan | ne) | | | | | |
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| Certified Copies | _ Certificates | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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SECRETARY OF STATE

ACCRETARY OF STATE

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S MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2014

DANIELLE JOHNTRY 16201 E INDIANA AVENUE STE 2150 SPOKANE, WA 99216

SUBJECT: ZAYCON FOODS LLC Ref. Number: W14000032078

We have received your document for ZAYCON FOODS 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

Tim Burch Regulatory Specialist II

Letter Number: 614A00011017



March 31, 2014

Department of State
Division of Corporation – Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re:

Zaycon Foods LLC FEIN # 90-0617498 16201 E Indiana Avenue Suite 2150 Spokane, WA 99216 Application by Foreign Limited Liability Company for Authorization to Transact business

To Whom It May Concern:

We are the accountants for Zaycon Foods LLC (the "Company"). We were retained by the Company in 2013. Before that, the Company's tax preparation and filing was done in house since inception on January 9, 2010.

After gathering all required information and learning the Company's business, we have come to the conclusion that the Company has to register in more than thirty states. Company's management agreed with our tax advice and ordered us to bring the Company in compliance with all tax filing requirements.

As mentioned above, due to the fact that the Company operated in more than thirty states it was a cumbersome process preparing and filing all these registering and other tax compliance forms.

We ask you to abate any penalty for the Company's late registering. The Company has incurred material losses in 2013 and therefore we ask that you abate any penalties to help ensure the Company's survival. Thank you in advance for your attention and corporation in this matter. If you should have any questions please do not hesitate to contact our office.

Very truly yours,

Mark Perlson, CPA/PFS

COVER LETTER

| TO: | Registration Section Division of Corporation | as | | | | | |
|-------------------|--|--|--|--|---|--------------------------|--|
| CHR H | ZAYCON FOODS | LLC | • | | | | |
| SCHJI | | Name of | Limited Liability Co | mpany | | | |
| The en Exister | closed "Application by For nce, and check are submitte | eign Limited Liability Comp d to register the above refer | pany for Authorizati enced foreign limite | on to Tra d liabilit | ansact Business in Florida," C y company to transact busines | ertificate ss in Flor | |
| Please | return all correspondence c | oncerning this matter to the | following: | | | | |
| | CHRISTOPHE | R GIUNTA | | | | | |
| | | Name of Person | | | | | |
| | ZAYCON FOO | DDS LLC | | | | | |
| | | Firm/Company | | | | | |
| | 280 SMITHTO | 280 SMITHTOWN BLVD. FL. 2 | | | | | |
| | | Address | | | | | |
| | NESCONSET, | NESCONSET, NY 11767 | | | | | |
| | City/State and Zip Code | | | | | | |
| | chrisg@zayconfr | esh.com | | | | | |
| | | E-mail address: (to be used | d for future annual r | eport no | tification) | | |
| For fur | ther information concerning | g this matter, please call: | | | | | |
| | CHRISTOPHER GIUN | ГА | 516 at () | 672-00 |)46 | | |
| | Name o | f Contact Person | Area Code | Day | ytime Telephone Number | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | 1 | Division Registrat Clifton E 2661 Exc | of Corporations tion Section Building ecutive Center Circle see, FL 32301 | | |
| | ed is a check for the follow \$125.00 Filing Fee | ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$ | ☐ \$155.00 Filing Certified Copy | Fee & | □ \$160.00 Filing Fee, Cert of Status & Certified Copy | | |
| paid a | nd credited to the account | | | | | | |

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:

| ZAYCON FOODS LLC | | | | |
|--|---|--|---|--|
| (Name of Foreig | gn Limited Liability Company; mu | st include "Limited Liabili | ity Company," "L.L.C.," or " | LLC,") |
| Liability Company," "L.L.C," | ernate name adopted for the purpos or "LLC.") | e of transacting business in | n Florida. The alternate name | e must include "Limited |
| 2. WASHINGTON | | | | |
| (Jurisdiction under the law or company is organized) | | | | |
| 4. 01/01/2012 | | | | |
| | (Date first transacted busine (See sections 605.0904 & 605 | ess in Florida, if prior to re .0905, F.S. to determine p | gistration.) enalty liability) | |
| 5. 16201 E INDIANA AV | | | | |
| SPOKANE, WA 99216 | | | | • |
| • | (Street Address of | Principal Office) | | |
| 6. 280 SMITHTOWN BLV | /D. FL. 2 | | | |
| NESCONSET, NY 1176 | 57 | | • | tio tin |
| | (Mailing | Address) | 200 | |
| 7. Name and street address | of Florida registered agent: (P | .O. Box NOT acceptab | le) 深刻 | 20 · · · · · · · · · · · · · · · · · · · |
| Name: | NORTHWEST REGIST | ERED AGENT LLC | 49 | D 17, |
| Office Address: | 3030 N. Rocky Point (| Orive, STE 150A | M Koji | |
| | TAMPA | _ | Florida 33607⊅ | 34 |
| • | (City) | , | (Zip code) | |
| this application, I hereby a | istered agent and to accept ser ccept the appointment as regis atutes relative to the proper an | tered agent and agree to ad complete performand | o act in this capacity. I fuce of my duties, and I am | urther agree to comply familiar with and accep |
| _ | 10-6- | Tom Glover/Secre | etary/Northwest Reg | gistered Agent LLC |
| | (Regis | tered agent's signature) | | |
| 8. The name, title or capac | ity and address of the person(s) | who has/have authority | to manage is/are: | |
| FRANK MARESCA, MEN | MBER, 186 N. MANHATTAN | AVE, MASSAPEQUA | , NY 11758 | |
| | | | | • |
| | | | | |
| | | | | |
| 9. Attached is a certificate of jurisdiction under the law of of the translator must be sub- | of existence, no more than 90 da f which it is organized. (If the comitted) | nys old, duly authenticat ertificate is in a foreign | ed by the official having c language, a translation of | sustody of records in the the certificate under oath |
| - | | | | |
| | Signature | of an authorized person | | • |

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF ZAYCON FOODS LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 1/9/2010.

I FURTHER CERTIFY that as of the date of this certificate, ZAYCON FOODS LLC remains active and has complied with the filing requirements of this office.

Date: September 24, 2015

UBI: 602-983-904

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State