

MICROSOFT

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL 32301

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JAN 13 2016

S. YOUNG

Vince Sammarco

305

459-3884

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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:

1. ZENOGEN PEO, 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. 474477635
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 2015
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2950 SW 27 Avenue Suite 300
Miami, FL 33133
(Street Address of Principal Office)

6. _____

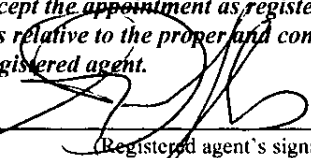
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Zagales Law
Office Address: 2950 SW 27 Avenue, Suite 300
Miami, Florida 33133
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

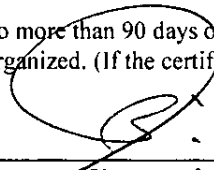


(Registered agent's signature)

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

Antonio Primo
2950 SW 27th Ave, Suite 300
Miami, FL 33133

9. Attached is a 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. (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

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.

Antonio Primo

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZENOGEN PEO, LLC.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

VINCE SAMMARCO

Name of Person

ZENOGEN PEO, LLC.

Firm/Company

2950 SW 27 Avenue, Suite 300

Address

Miami, Florida 33133

City/State and Zip Code

vsammarco@andchs.com

E-mail address: (to be used for future annual report notification)

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16 JAN 11 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Vince Sammarco

305

459-3884

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

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Division of Corporations
Registration Section
P.O. Box 6327
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Miami, FL 33133

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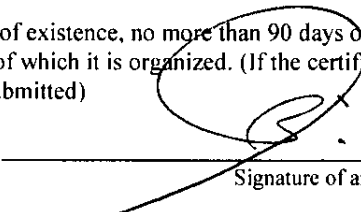
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Antonio Paimo

2950 SW 27th Ave, Suite 300

Miami, FL 33133

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Antonio Paimo

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

9213937

12-08-2015

VINCE SAMMARCO

2950 SW 27TH AVE., STE 300

MIAMI, FL 33133

ATTN: VINCE SAMARCO

DESCRIPTION

AMOUNT

5757209 - ZENOGEN PEO LLC

Entity Status - Short Form

Certification Fee \$50.00

TOTAL CHARGES \$50.00

TOTAL PAYMENTS \$50.00

BALANCE \$0.00

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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ZENOGEN PEO 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 EIGHTH DAY OF DECEMBER, A.D. 2015.

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


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16 JAN 11 PM 2:51
SECRETARY OF STATE
DELAWARE



5757209 8300

SR# 20150190473

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10567044

Date: 12-08-15