

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000304354 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address: Nowmen + 100 h COCP

Foreign Limited Liability Company Code Zero, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H 16000 J043 543

SUBJECT:	Code Zero, LLC						
Name of Limited Liability Company							
					isact Business in Florida," Certificate company to transact business in Flori		
Please return	all correspondence o	oncerning this matter to the f	ollowing:				
		Nac	fine Long				
		No	me of Person				
	InCorp Services, Inc.						
	Firm/Company						
	3773 Howard Hughes Pkwy. Suite 500S						
	Address						
	Las Vegas, NV 89169-6014						
		•	ate and Zip Code				
		documer E-mail address: (to be used	nts@incorp.com	nost notif	ication)		
For further i	nformation concernin	g this matter, please call:	tot tuture autuar rep	hort nam	nestony		
Nadi	ine Long on behal	f of InCorp Services, Inc	702 E	B66-250	00		
	Name o	f Contact Person	Area Code	Dayti	ime Telephone Number		
Div Reg P.C	AILING ADDRESS: rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314		Di Re Cl: 26	ivision of egistration lifton Bu 561 Exec	ADDRESS: f Corporations on Section ilding nutive Center Circle e, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount: D \$130,00 Filing Fee & Certificate of Status	■ \$155.00 Filling F Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

H16000 3043 543

H (6000 3043543 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Code Zero, LLC				
(Name of Fore	ign Limited Liability Company; mus	t include "Limited Liab	ility Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purpose ' or "LLC.")	of transacting business	in Florida. The alternate name	must include "Limited
2. Georgia	,	3.	(FEI number, if applicable)	
(Jurisdiction under the law company is organized)				
4. Upon Registration	(5			
	(Date first transacted busines (See sections 605.0904 & 605.0	1905, F.S. to determine	penalty liability)	
5. 1040 West Marietta	St. NW			
Atlanta	GA (Street Address of P	30318		
6 1040 West Marletta S	,	rincipal Office)		
6. 1546 West Marietta 5				
<u>Atlanta</u>	GA	30318		
•	(Mailing A	address)		
7. Name and street address	s of Florida registered agent: (P.)	O. Box <u>NOT</u> accepts	ible)	
Name:	InCorp Services, Inc.			
Office Address:	17888 67th Court North			
•	Loxahatchee		, Florida 33470	
Registered agent's accept	(City)		(Zip code)	
designated in this applicat to complywith the provision	gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the pay position as registered agent	ment as registered ag proper and complete	ent and agree to act in this performance of my duties,	capacity. I further agree and I am familiar with an
	Le / /		ng on behalf of InCorp	Services, Inc.
	/ / (Registe	red agent's signature)		
8. The name, title or capa	city and address of the person(s)	who has/itave authori	ty to manage is/are:	
see attached				
	- · · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————		
				· · · · · · · · · · · · · · · · · · ·
 Attached is a certificate jurisdiction under the law of of the translator must be su 	of existence, no more than 90 day of which it is organized. (If the ce bmitted)	ys old, duly authentic rtificate is in a foreig	ated by the official having c n language, a translation of	ustody of records in the the certificate under oath
	V		. .	
	Signature	ot an authorized person		•
This document is executed submitted in a document to	in accordance with section 605.0 the Department of State constitut	203 (1) (b), Florida S tes a third degree felo	tatutes. I am aware that any ny as provided for in s.817.	følse information 155, F.S.
	Criss Vanderburg	_	-	
		rinted name of signee	· · · · · · · · · · · · · · · · · · ·	
	14	600030	143543	

4160003043543

Florida Department of State Division of Corporations

Application by Foreign Limited Liability Company for Authority to Transact Business in Florida

Code Zero, LLC (continued)

<u>Item Number 8 – Name, title or capacity and address of the person(s) who has/have authority to manage is/are:</u>

Manager - Criss Vanderburg 83 E Como Ave, Columbus, OH 43202

Manager - Walter Nix 26 Sea Vista Dr, Palm Coast, FL 32137

Manager – John Hildreth 19 Atlantic Place, Palm Coast, FL 32137

Managing Member – Rob Freeland 4542 NW Bramble Trail, Lees Summit, MO 64064 H160003043543

Control Number: 16067517

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Code Zero, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13592437 : 07/14/2016 : Georgia : 12/06/2016 : 211



H160003043543

Brian P. Kemp Secretary of State