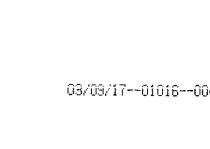
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(Requestor's Name)						
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COVER LETTER

TO:	Registration Section Division of Corporation	ns						
CUD II	COT	Zinc Insurar	nce Services, Ll	LC				
SUBJE	Name of Limited Liability Company							
		reign Limited Liability Comp ed to register the above refere						
Please	return all correspondence of	concerning this matter to the	following:					
		G	Gary Harker					
	Name of Person							
	3H Corporate Services, LLC							
	Firm/Company							
	6 Clement Avenue							
	Address							
	Saratoga Springs, NY 12866							
	City/State and Zip Code							
		zino	c@3hcs.com					
		E-mail address: (to be used	d for future annual	report not	tification)			
For fur	ther information concerning	g this matter, please call:						
	And	lrew Hart	518)	583-0639			
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section Building ecutive Center Circle see, FL 32301			
Enclos	ed is a check for the follow ■ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Cop			

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:

Zinc Insurance Services		lude "Limited Liability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,"		ransacting business in Florida. The alternate nan	
2. Delaware	3	$\frac{61-1815865}{\text{(FEI number, if applicable})}$)
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable))
4. N/A			
4	(Date first transacted business in	Florida, if prior to registration.)	-
5. 118 Spring Street, 7th I		5, F.S. to determine penalty liability)	···
New York, NY 10012			~ ~
1100 : 64 4 74 5	(Street Address of Princi	ipal Office)	
6. 118 Spring Street, 7th F	loor		- 55 3
New York, NY 10012			芸 不 一
	(Mailing Addre	ess)	
7. Name and street addres	s of Florida registered agent: (P.O. B	ox NOT acceptable)	四年是一位
_	3H Agent Services, Inc.	The state of the s	AMIL: 13
Name:			
Office Address:	1415 Panther Lane, Suite 327		
	Naples	, Florida <u>34109</u>	
	(City)	(Zip code)	~
designated in this applicate to complywith the provision	gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes pelative to the property position as registered agent.	of process for the above stated limited liable as registered agent and agree to act in the ger and complete performance of my duties Elizabeth Harka, Presagent's signature)	is capacity. I further agree
8. The name, title or capa	city and address of the person(s) who	has/have authority to manage is/are:	
Darren Craft - Manager -	118 Spring Street, 7th Floor, New Yo	ork, NY 10012	
	of which it is organized. (If the certification	ld, duly authenticated by the official having icate is in a foreign language, a translation o	
	Signature of ar	n authorized person	

Typed or printed name of signee

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.

Darren Craft, Manager

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ZINC INSURANCE SERVICES, 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2017.

2017 HAR -9 AM 11: 13

Authentication: 201962674

Date: 01-31-17