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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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SECRETARY OF STATE
FALL ANASSEE, FLORID

S Warren MAY - 5 2017

COVER LETTER

TO:	•	Registration Section
		Division of Corporations

SUBJECT: Z-Tech Communications, 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:

Janie Wolfinbarger

Name of Person

Z-Tech Communications, LLC

Firm/Company

3550 Covington Pike; Suite 103

Address

Memphis, TN

38128

City/State and Zip Code

janie@ztechcentral.com

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

For further information concerning this matter, please call:

Janie Wolfinbarger

...877

377.1765

Name of Contact Person

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:

(16	Limited Liability Company; must include "Limited		·	
Il name unavailable, emer alternate n	ame adopted for the purpose of transacting business in Flor		ibility Company, "L.L.C., or LLC.)	
2. Tennessee		3. <u>62-1670631</u>	ber, if applicable)	
(Jurisdiction under the law of wi	nich foreign limited liability company is organized)	(PEI NUM	вет, п аррисавие)	
4 N/A				
	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determin	registration.) ne penalty (jability)		
s 3550 Covington Pik		6 3550 Covington Pike		
(Street Address of F		6. (Mailing Address)		
Suite 103		Suite 103		
Memphis, TN 38128	3-3949	Memphis, TN 38128-39	949 🛫 🚅	
7. Name and street address Name:	s of Florida registered agent: (P.O. Box Edward Munson	NOT acceptable)	FILE MAY -3 P PRETARY O LAHASSEE	
Office Address:	7 2 00 Twin Eagle Lane		F. S. C.	
	Fort Meyers,	, Florida 33912	ŽŽ č i	
	(City)	, Florida(Zip co		
to comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered agent and agree to ac	t in this capacity. I further ag	
to comply with the provisi	ions of all statutes relative to the proper s of my position as registered agent. X Edward i	s registered agent and agree to act and complete performance of my	t in this capacity. I further ag	
to comply with the provisi and accept the obligation	ons of all statutes relative to the proper	s registered agent and agree to act and complete performance of my	t in this capacity. I further ag	
to comply with the provision and accept the obligation.	ions of all statutes relative to the proper s of my position as registered agent. X Edward i	s registered agent and agree to act and complete performance of my	t in this capacity. I further ag duties, and I am familiar with	
to comply with the provision and accept the obligation.	ions of all statutes relative to the proper s of my position as registered agent. X Elliculti (Registered agent's s	s registered agent and agree to act and complete performance of my	t in this capacity. I further ag	
to comply with the provision and accept the obligation. 8. The name, title or caps	ions of all statutes relative to the proper s of my position as registered agent. X Eller (Registered agent's active and address of the person(s) who have and Address:	s registered agent and agree to act and complete performance of my signature) s/have authority to manage is/are:	t in this capacity. I further ag duties, and I am familiar with	
to comply with the provisionand accept the obligation. 8. The name, title or capa Title or Capacity:	ions of all statutes relative to the proper s of my position as registered agent. X (Registered agent's active and address of the person(s) who have and Address:	s registered agent and agree to act and complete performance of my signature. Is/have authority to manage is/are: Title or Capacity:	Name and Address: Edward Munson	
to comply with the provision and accept the obligation. 8. The name, title or capa Title or Capacity:	ions of all statutes relative to the proper s of my position as registered agent. X Eller (Registered agent's active and address of the person(s) who have and Address: Scott Cockroft	s registered agent and agree to act and complete performance of my signature. Is/have authority to manage is/are: Title or Capacity:	t in this capacity. I further ag duties, and I am familiar with with the same and Address: Edward Munson	
to comply with the provision and accept the obligation. 8. The name, title or capa Title or Capacity:	ions of all statutes relative to the proper s of my position as registered agent. X Education (Registered agent's an address of the person(s) who has not an address: Scott Cockroft 3550 Covergion Pile, State 103 Memphis, TN 38128	s registered agent and agree to act and complete performance of my signature. Is/have authority to manage is/are: Title or Capacity:	Name and Address: Edward Munson	
to comply with the provision and accept the obligation. 8. The name, title or capa Title or Capacity: Owner/Managing Partner	ions of all statutes relative to the proper s of my position as registered agent. X Education (Registered agent's state) Active and address of the person(s) who has a Name and Address: Scott Cockroft 3550 Covengton Pike, State 103 Memphis, TN 38128	s registered agent and agree to act and complete performance of my signature. Is/have authority to manage is/are: Title or Capacity:	Name and Address: Edward Munson	
to comply with the provision and accept the obligation. 8. The name, title or capa Title or Capacity: Owner/Managing Partner	ions of all statutes relative to the proper s of my position as registered agent. X Education (Registered agent's an acity and address of the person(s) who has Name and Address: Scott Cockroft 3550 Covergion Pike, State 103 Memphia, TN 36128 Ronald McAfee	s registered agent and agree to act and complete performance of my signature. Is/have authority to manage is/are: Title or Capacity:	Name and Address: Edward Munson	
to comply with the provision and accept the obligation. 8. The name, title or capa Title or Capacity: Owner/Managing Partner	ions of all statutes relative to the proper of my position as registered agent. X Edition (Registered agent's active and address of the person(s) who has Name and Address: Scott Cockroft 3550 Covington Pike, State 103 Memphis, TN 38128 Ronald McAfee 3550 Covington Pike; State 103 Memphis, TN 38128	s registered agent and agree to act and complete performance of my signature. Is/have authority to manage is/are: Title or Capacity:	Name and Address: Edward Munson	
8. The name, title or cape Title or Capacity: Owner/Managing Partner (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	ions of all statutes relative to the proper of my position as registered agent. X Editor (Registered agent's active and address of the person(s) who has name and Address: Scott Cockroft 3550 Covington Pike, State 103 Memphis, TN 38128 Ronald McAfee 3550 Covington Pike, State 103 Memphis, TN 38128 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	s registered agent and agree to act and complete performance of my signature) is/have authority to manage is/are: Title or Capacity: Florida Qualified Agent	Name and Address: Edward Munson 7200 Twn Eagle Lane Fort Meyers, FL 33912 aving custody of records in the	
8. The name, title or cape Title or Capacity: Owner/Managing Partner (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	ions of all statutes relative to the proper of my position as registered agent. X Editor (Registered agent's active and address of the person(s) who has name and Address: Scott Cockroft 3550 Covington Pike, State 103 Memphis, TN 38128 Ronald McAfee 3550 Covington Pike, State 103 Memphis, TN 38128 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	s registered agent and agree to act and complete performance of my signature) is/have authority to manage is/are: Title or Capacity: Florida Qualified Agent	Name and Address: Edward Munson 7200 Turn Eagle Lane Fort Meyers, FL 33912 aving custody of records in the	
8. The name, title or capa Title or Capacity: Owner/Managing Partner (Use attachments if neces) 9. Attached is a certificate	ions of all statutes relative to the proper s of my position as registered agent. X Education (Registered agent) and address of the person(s) who has name and Address: Scott Cockroft 3550 Coverington Pike, State 103 Memphis, TN 36128 Ronald McAfee 3550 Coverington Pike, State 103 Memphis, TN 36128 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)	s registered agent and agree to act and complete performance of my signature) is/have authority to manage is/are: Title or Capacity: Florida Qualified Agent	Name and Address: Edward Munson 7200 Turn Engle Lane Fort Meyers, FL 33912 aving custody of records in the	

Typed or printed name of signee

Scott C ockoft



Secretary of State

Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Z-TECH COMMUNICATIONS, LLC

JANIE WOLFINBAARGER

SUITE 103

3550 COVINGTON PIKE

MEMPHIS, TN 38128-3949

Request Type: Certificate of Existence/Authorization

Request #:

0235854

Document Receipt

Receipt #: 003344490

Payment-Credit Card - State Payment Center - CC #: 3700597917

Regarding:

Z-TECH COMMUNICATIONS, L.L.C.

Filing Type:

Limited Liability Company - Domestic Formation/Qualification Date: 12/06/1996

Status:

Active Duration Term:

Perpetual

Business County: SHELBY COUNTY

April 25, 2017

Issuance Date: 04/25/2017

Copies Requested:

\$20.00

Filing Fee:

\$20.00

Control # :

321796

Date Formed:

12/06/1996

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Z-TECH COMMUNICATIONS, L.L.C.

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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