M170000000000004

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chary Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400301119974

DIVISION OF COMPORATIONS 17 JUL 21 AH 10: 25

FILED

O SliVMONS JUL 2 4 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 734380 4381472

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: July 20, 2017

ORDER TIME : 2:57 PM

ORDER NO. : 734380-035

CUSTOMER NO: 4381472

FOREIGN FILINGS

NAME: ZOM BRANDON HOLDING GP, LLC

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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:

	(Name of Poreign	Limited Liability Company; must include "Limit	on madinity Co	трину, 15.15.0., (п. 1500.)	
(If n	ame unavailable, enter alternate na	ame adopted for the purpose of transacting business in F	lorida. The altern	ate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
2. ^l	Delaware		3. 8	2-2160391	
	(Jurisdiction under the law of wh	hich foreign limited liability company is organized)		(FEI numb	per, if applicable)
4.		(Date first transacted business in Florids if prior t	o registration.)		
		(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	nine penalty linbi	lity)	
5.	2001 Summit Park Dri		6	(Mailing Add	toes)
	Orlando, FL 32810	Tineipal Office)		(Ivianing Mod	9 🔥
	Orlando, 1 E 32010				15 1 T
					2 P
7.	Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acc	eptable)	8 - 1
	Name:	Corporation Service Company		-	H. Francisco
	Office Address:	1201 Hays Street			T JUL 21 AH 10: 25 OLYISION OF CORPORATIONS
	•	Tallahassee		Florida 32301	5.50 W
		(City)		, Florida 32301 (Zip cod	ic)
to	comply with the provisi	tion, I hereby accept the appointment ions of all statutes relative to the propes of my position as registered agent.	er and comp	lete performance of my	duties, and I am familiar with Melissa Zender sst. Vice President
to an	comply with the provision daccept the obligation. The name, title or capa	s of my position as registered agent. Segistered agent acity and address of the person(s) who have	s signature)	A: hority to manage is/are:	duties, and I am familiar with Melissa Zender sst. Vice President
to an	comply with the provision daccept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who have and Address:	s signature)	lete performance of my A	duties, and I am familiar with Melissa Zender
to an	comply with the provision daccept the obligation. The name, title or capa	acity and address of the person(s) who have and Address: 20M Holding, LP 2001 Summit Park Drive #3	s signature) nas/have aut	A: hority to manage is/are:	duties, and I am familiar with Melissa Zender sst. Vice President
to an	comply with the provision daccept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who have and Address: ZOM Holding, LP	s signature) nas/have aut	A: hority to manage is/are:	duties, and I am familiar with Melissa Zender sst. Vice President
to an	comply with the provision daccept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who have and Address: 20M Holding, LP 2001 Summit Park Drive #3	s signature) nas/have aut	A: hority to manage is/are:	duties, and I am familiar with Melissa Zender sst. Vice President
to an	comply with the provision daccept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who have and Address: 20M Holding, LP 2001 Summit Park Drive #3	s signature) nas/have aut	A: hority to manage is/are:	duties, and I am familiar with Melissa Zender sst. Vice President
<i>to an</i> 8.	comply with the provision daccept the obligation. The name, title or capa Title or Capacity:	acity and address of the person(s) who have and Address: ZOM Holding, LP 2001 Summit Park Drive #3 Orlando, FL, 32810	s signature) nas/have aut	A: hority to manage is/are:	duties, and I am familiar with Melissa Zender sst. Vice President
8.	The name, title or capa Title or Capacity: Manager Matachments if neces Attached is a certificate is diction under the law the translator must be so	acity and address of the person(s) who have and Address: ZOM Holding, LP 2001 Summit Park Drive #3 Orlando, FL, 32810 essary) es of existence, no more than 90 days old of which it is organized. (If the certifical submitted)	s signature) nas/have aut Title	hority to manage is/are: or Capacity: nticated by the official hareign language, a translate	duties, and I am familiar with Melissa Zender sst. Vice President Name and Address: aving custody of records in the tion of the certificate under oath
8	The name, title or capa Title or Capacity: Manager Attached is a certificate is diction under the law the translator must be si	acity and address of the person(s) who have and Address: ZOM Holding, LP 2001 Summit Park Drive #3 Orlando, FL 32810 seary) cof existence, no more than 90 days old of which it is organized. (If the certification in the description of the Department of State constitutes a total content of the department of State constitutes a total content of the department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes and the Department of State con	s signature) s signature) nas/have aut Title 00 d, duly authe ate is in a for 03 (1) (b), F hird degree	hority to manage is/are: or Capacity: nticated by the official harcign language, a translated lorida Statutes. I am awa felony as provided for in	Melissa Zender SSt. Vice President Name and Address: aving custody of records in the tion of the certificate under oath re that any false information
8	The name, title or capa Title or Capacity: Manager Attached is a certificate is diction under the law the translator must be si	acity and address of the person(s) who have and Address: ZOM Holding, LP 2001 Summit Park Drive #3 Orlando, FL 32810 seary) cof existence, no more than 90 days old of which it is organized. (If the certification in the description of the Department of State constitutes a total content of the department of State constitutes a total content of the department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes a total content of the Department of State constitutes and the Department of State con	nas/have aut Title	hority to manage is/are: or Capacity: nticated by the official harcign language, a translated lorida Statutes. I am awa felony as provided for in	Melissa Zender SSt. Vice President Name and Address: aving custody of records in the tion of the certificate under oath re that any false information

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZOM BRANDON HOLDING GP, 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 TWENTY-FIRST DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZOM BRANDON HOLDING GP, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2017.

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

Authentication: 202927961

Date: 07-21-17