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TO:

Registration Section

Div	ision of Corporation					
SUBJECT:	Zatarra Holdings, L		Limited Liability ('amnany		
		Name of	Limited Clabinty (Jompany		
					ransact Business in Florida." Ty company to transact busin	
'lease return	all correspondence	concerning this matter to the	e following:			
	Jeremiah Jones					
		١	Same of Person		_	
	Zatarra Holding	gs, LLC				
		F	Firm/Company			
	4106 Wilcrest (Cir W				
			Address		_	
	Jacksonville, F	L 32277				
		City/S	State and Zip Code			
	jere@zatarra.ltd					
		E-mail address: (to be use	ed for future annual	report no	otification)	
For further in	nformation concerning	g this matter, please call:				
Jere	emiah Jones		9()4 at (302-31	179	
	Name (of Contact Person	Area Code		ytime Telephone Number	
Div Reg P.O	alLING ADDRESS: ision of Corporation distration Section Box 6327 lahassee, FL 32314			Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle sec. FL 32301	
	a check for the follow \$125.00 Filing Fee	cing amount: ☐ \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy	ig Fee &	\$160.00 Filing Fee, Co	ertificate py

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 Foreign	Limited Liability Company; must include "Limite	I Liability Company," "L.L.C.," or "Ll.C.	(",	
Limitless Holdings, LLC				
It name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	nda. The alternate name must include "Limited I	liability Company, ""L. L.C," or "LLC")	
2 Nevada		3. 82-2390587		
(Inrisdiction under the law of w	hich foreign limited liability company is organized)	(FE) nu	imber, it applicable)	
4. 15 August 2017				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration) ne penalty liability)		
5. 4106 Wilcrest Cir W		6. 4106 Wilcrest Cir W		
(Street Address of	•	(Mailing A	itess)	
Jacksonville, FL 32277		Jacksonville, FL 32277		
7. Name and street address	ss of Florida registered agent; (P.O. Box	NOT acceptable)		
Name:	Jeremiah Jones		16.	
Office Address:	4106 Wilcrest Cir W		7 AUG -	
	Jacksonville	Florida <u>32277</u>	SS CONTRACTOR CONTRACT	
	ions of all statutes relative to the proper s of my position as registered agent.	and complete performance of m		
and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's	and complete performance of m	<u> </u>	
and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent.	and complete performance of m	y duties, attl 1 am familiar with	
and accept the obligation 8. The name, title or cap	ions of all statutes relative to the proper s of my position as registered agent. Registered agent's acity and address of the person(s) who ha	and complete performance of m	y duties, and Tam familiar with Name and Address: Cristina Jones	
and accept the obligation 8. The name, title or cap Title or Capacity:	ions of all statutes relative to the proper s of my position as registered agent. Registered agent's active and address of the person(s) who have and Address:	and complete performance of m signature) sthave authority to manage is/are Title or Capacity:	y duties, and Address:	
and accept the obligation 8. The name, title or cap Title or Capacity:	acity and address of the person(s) who ha Name and Address: Jeremiah Jones 4106 Wilcrest Cir W	and complete performance of m signature) sthave authority to manage is/are Title or Capacity:	y duties, and 1 am familiar with Name and Address: Cristina Jones 4106 Wilerest Cir W	
and accept the obligation 8. The name, title or cap Title or Capacity: Owner	ions of all statutes relative to the proper s of my position as registered agent. Registered agent's acity and address of the person(s) who has Name and Address: Jeremiah Jones 4106 Wilerest Cir W Jacksonville, FL 32277	and complete performance of m signature) sthave authority to manage is/are Title or Capacity:	y duties, and Tam familiar with Name and Address: Cristina Jones 4106 Wilerest Cir W	
8. The name, title or cap Title or Capacity: Owner (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	ions of all statutes relative to the proper s of my position as registered agent. Registered agent's acity and address of the person(s) who ha Name and Address: Jeremiah Jones 4106 Wilcrest Cir W Jacksonville, FL 32277	and complete performance of m signature) is/have authority to manage is/are. Title or Capacity: Owner duly authenticated by the official	Name and Address: Cristina Jones 4106 Wilerest Cir W Jacksonville, FL 32277	
8. The name, title or cap Title or Capacity: Owner (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is exec	ions of all statutes relative to the proper s of my position as registered agent. Registered agent's acity and address of the person(s) who ha Name and Address: Jeremiah Jones 4106 Wilcrest Cir W Jacksonville, FL 32277	duly authenticated by the official is in a foreign language, a transles (1) (b), Florida Statutes, I am aw	having custody of records in the lation of the certificate under oath	

Typed or printed name of signee

Jeremiah Jones

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **ZATARRA HOLDINGS**, **LLC** did on June 16, 2017, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



Certified By: Electronic Filing Certificate Number: C20170616-1154 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 16, 2017.

Barbara K. Cegavske
Secretary of State