

m17000010883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

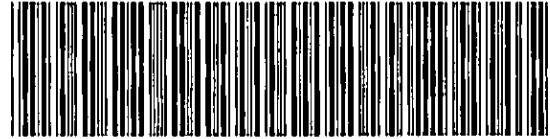
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

S. WARREN

DEC 26 2017



ACUMEN
SOLUTIONS GROUP

December 15, 2017

VIA USPS

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: ZenResolve, LLC – Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida

To Whom It May Concern:

Acumen Solutions Group is submitting the enclosed documents on behalf of its above-referenced client that is applying for a Business Registration/Certificate of Authority in your state.

Enclosed please find the following documents:

1. Payment of \$125.00 to FL Division of Corporations,
2. Signed and completed Application, and
3. Certificate of Good Standing from the state of formation.

Please return any correspondence to the licensing team at: 600 Broadhollow Road, Suite 200
Melville, New York 11747

If you have any questions, please contact us via email to licensing@acumensolutionsgroupllc.com or call (631) 719-5509.

Sincerely,

Anthony D'Elia
President

Enclosure

600 BROADHOLLOW ROAD SUITE 200 MELVILLE, NY 11747

COVER LETTER

TO: **Registration Section**
 Division of Corporations

SUBJECT: ZenResolve, 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:

Licensing Team

Name of Person

Acumen Solutions Group

Firm/Company

600 Broadhollow Road, Ste 200

Address

Melville, NY 11747

City/State and Zip Code

annualreporting@acumensolutionsgroupllc.com

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

For further information concerning this matter, please call:

Gia Defaze

516
at (_____) _____

986-3420

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:

1. ZenResolve, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

38-4053574

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20830 N. Tatum Blvd., Suite 115

Phoenix, AZ 85050

(Street Address of Principal Office)

6. 20830 N. Tatum Blvd., Suite 115

Phoenix, AZ 85050

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

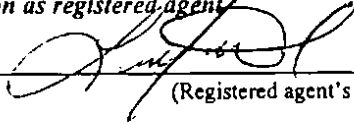
(City)

, Florida 33324

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



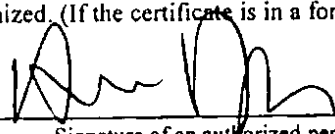
(Registered agent's signature)

Leslie Martin
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Andrew Dunn, CEO, 20830 N. Tatum Blvd., Suite 115 Phoenix, AZ 85050

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

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.

Andrew Dunn

Typed or printed name of signer

FILED
17 DEC 22 PM 3:55
STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

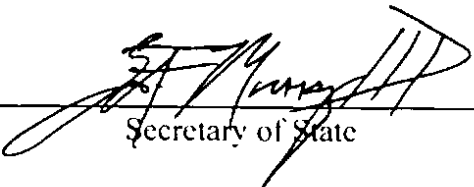
ZenResolve, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 16, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000776629**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 28th day of November, 2017 at 6:58 AM. This certificate is assigned 024800015.




Secretary of State