MBOOOGSY

(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



400307535584

01/18/18--01021--002 **125.00

SECRETARY OF STAIR TALLAHASSEE, FLORIDA

FILED



COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT:	MZE Pro	Limited Liability Company	 	
The enclosed "Application by Fo Existence, and check are submitted."				
Please return all correspondence	concerning this matter to the	following:		
A	imee Gur	<u> </u>		
	N	lame of Person		
(-	alaze Pri	d LLC		
	F	irm/Company		
25102	24 West	Perdido A	ve.#607	
Crar	je Beach	AL 305	501	
glat	Epro 07	State and Zip Code On One of the future annual report no	otification)	
For further information concerning		· ·	ZOLO TALLI	
Aimee (of Contact Person	at (25) Area Code Da	23-947 Z	FILEI
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registra Clifton 2661 Ex	TADDRESS: In of Corporations ation Section Building secutive Center Circle ssee, FL 32301	Ö
Enclosed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

RECEIVED

JAM 1 6 100

N \$

. APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 605,0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS ANTHE STATE OF FLORIDA: oreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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 "L.L.C," o ted business in Flunda, if prior to registration.) 0904 & 605-0905; F.S. to determine penalty lu ido Ale Moote Z 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PEREZ Name: 1597 SW NERVIA AVE Office Address: PORT SAINT LUCIE , Florida 34953 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 Fam familiar with and accept the obligations of my position as registered agent. gistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: (Use attachments if necessary) 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) 10. 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. Signature of an authorized person

I yned or printed name of signer

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Glaze Pro LLC was formed in Baldwin County, Alabama on December 18, 2017. The Alabama Entity Identification number for this entity is 450-429. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

2018 JAN 16 P 3: 59
SECRE MASSEE, FLORIDA



20171227000025258

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

12/27/2017

Date

J. H. Menill

John H. Merrill

Secretary of State