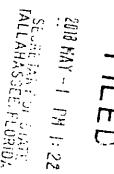
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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

TO:

то:	Registration Section Division of Corporation	ns			3101	
SUBJE	ZEST ANCHORS,					
SUBJECT:Nume of Limited Liability Company						
The enc Existenc	losed "Application by Foce, and check are submitted	reign Limited Liability Comed to register the above refer	pany for Authoriza enced foreign limi	ation to Tr ited liabilit	ansact Business in Florida," Cer y company to transact business	tificate of in Florida
Please r	eturn all correspondence	concerning this matter to the	following:			
	CONTROLLE	R				
		N	ame of Person	<del></del>		
	ZEST ANCHO	DRS, LLC				
	Firm/Company					
	2875 LOKER	AVE E				
	<del></del> -		Address		<del></del>	
	CARLSBAD.	CA 92010				
		City/S	State and Zip Code	<u> </u>	<del>-</del>	
	corinne.rossi@z	estdent.com				
	<del></del>	E-mail address: (to be use	d for future annua	l report no	tification)	
For furt	her information concernir	g this matter, please call:				
	CORINNE ROSSI		760 at (	743-77	744 X158	
	Name o	of Contact Person	Area Code		stime Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclosed	d is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee, Certification of Status & Certified Copy	cate
	724	00-00-00				

### 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:

	ed Liability Company; must include "Limited	и главину Сотрану, Т.Т.С., от 1.1	X )	
(If name unavailable, enter alternate name ad	lopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limite	d Liability Company," "E.I.C," or "LLC")	
2. CALIFORNIA		3. <u>36-4801494</u>		
(Jurisdiction under the law of which for	reign limited liability company is organized)	(FEI	number, (l'applicable)	
4. HIRING EMPLOYEE-STA	ART DATE IS 5/14/18			
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determi	registration.) ne penalty liability)	<del></del>	
5. <u>2875 LOKER AVE E</u>		6. 2875 LOKER AVE E		
(Street Address of Principal Office) CARLSBAD, CA 92010		(Mailing CARLSBAD, CA 920	Address)	
CARESDAD, CA 72010	<del> </del>	CARLSDAD, CA 920	····	
	<del></del> -		F. 103	
7. Name and <u>street_address</u> of	Florida registered agent: (P.O. Box	NOT acceptable)	(F) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Name: CO	RPORATION SERVIC	E COMPANY	数要り	
Office Address: 12	OIHAYES STREET		-1 -1	
TE	ALLAHASSEE FL	Florida <u>3</u> 2	301 F. 3 M	
Registered agent's acceptanc	(Cny)		p code) REF = U	
Having been named as registe	red agent and to accept service of p	process for the above stated lim	ited liability company at the place	
designated in this application,	I hereby accept the appointment as	s registered agent and agree to	act in this capacity. I further agre	
to comply with the provisions ( and accept the obligations of )	of all statutes relative to the proper my position as registered agent.	and complete performance of	my duties, and I am familiar with	
and accept the oringanines of t				
	Seattached (Registered agent's)	signature)		
0.70				
8. The name, title or capacity <u>Title or Capacity:</u>	and address of the person(s) who ha Name and Address:	s/have authority to manage is/ar Title or Capacity:	e: Name and Address:	
CFO	JEFFERY BLAZEVICH	CONTROLLER	CORINNE ROSSI	
	2875 LOKER AVE E		2875 LOKER AVE E	
	CARLSBAD, CA 92010	-	CARLSBAD, CA 92010	
ASST CONTROLLER	TAMMY ROBERTS	DIR HR	DEBRA ISAACS	
MODI COM INCIDING	2875 LOKER AVE E	<del></del>	2875 LOKER AVE E	
THE THE PARTY OF T		_		
NOOTCONTROLLER	CARLSBAD, CA 92010	-	CARLSBAD, CA 92010	
(Use attachments if necessary)	CARLSBAD, CA 92010	<u>-</u> -		
(Use attachments if necessary)	CARLSBAD, CA 92010	duly authenticated by the officia	CARLSBAD, CA 92010	
(Use attachments if necessary)  9. Attached is a certificate of experimental experiments.	CARLSBAD, CA 92010  Existence, no more than 90 days old, on the control of the certificate of the certificat	duly authenticated by the official is in a foreign language, a tran	CARLSBAD, CA 92010  I having custody of records in the	
(Use attachments if necessary)  9. Attached is a certificate of expurisdiction under the law of whof the translator must be submit	CARLSBAD, CA 92010  Nistence, no more than 90 days old, on the certificate (tted)	e is in a foreign language, a tran	CARLSBAD, CA 92010  I having custody of records in the slation of the certificate under oath	
(Use attachments if necessary)  9. Attached is a certificate of expurisdiction under the law of whof the translator must be submit  10. This document is executed	CARLSBAD, CA 92010  existence, no more than 90 days old, of the hich it is organized. (If the certificate tited)  in accordance with section 605,0203	e is in a foreign language, a tran (1) (b), Florida Statutes, I am a	CARLSBAD, CA 92010  I having custody of records in the slation of the certificate under oath ware that any false information	
(Use attachments if necessary)  9. Attached is a certificate of expurisdiction under the law of whof the translator must be submit  10. This document is executed	CARLSBAD, CA 92010  Nistence, no more than 90 days old, on the certificate (tted)	e is in a foreign language, a tran (1) (b), Florida Statutes, I am a	CARLSBAD, CA 92010  I having custody of records in the slation of the certificate under oath ware that any false information	
(Use attachments if necessary)  9. Attached is a certificate of expurisdiction under the law of whof the translator must be submit  10. This document is executed	carlsbad, ca 92010  existence, no more than 90 days old, of the hich it is organized. (If the certificate tited)  in accordance with section 605,0203  Department of State constitutes a thin	e is in a foreign language, a tran (1) (b), Florida Statutes, I am a	CARLSBAD, CA 92010  I having custody of records in the slation of the certificate under oa ware that any false information	

Typed or printed name of signee

JEFFERY BLAZEVICH

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 6(5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

ZEST ANCHORS, LLC.			
(Name of Foreign Limited	d Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LL	C.")
(If mante unavailable, enter afternate name ado	pted for the purpose of transacting business in Flor	ida. The alternate name must include "Limiter	i Liability Company," "L.L.C," or "LLC.")
2. CALIFORNIA		3 36-4801494	
(Jurisdiction under the law of which fore	ign limited lightlity company is organized)	· · · · · · · · · · · · · · · · · · ·	number, if applicable)
4. HIRING EMPLOYEE-STA	RT DATE IS 5/14/18		
	Date first transacted business in Florida, if prior to n on sections 605,0904 & 605,0905, F.S. to determine	egistration.) e penalty imbility)	
5. 2875 LOKER AVE E		6. 2875 LOKER AVE E	
(Street Address of Principal Office) CARLSBAD, CA 92010		(Mailing	· ·
		CARLSBAD, CA 92010	
		***************************************	
	lorida registered agent: (P.O. Box		
Name: COL	LPORATION SERVICE	E COMPANY	
Office Address: 124	DIHAYES STREET		
TA	LAHASSEE FL	, Florida _323	301
Registered agent's acceptance:	(City)	(Zip	code)
Havitte been named as register.	ed appeal and to account naming of a		
designated in this application. I	ed agent and to accept service of pro- hereby accept the appointment as	rocess for the above stated limit	ted liability company at the place
w sampi, wan me provisions of	" un simules remaine to the proper a	regisierea agent ana agree to c Ind complete performance of n	not in this capacity. I further agre
and accept the obligations of m	position as registered agent.	ma complete perjoraninee of n	iy uuncs, ana 1 am jaminar wan
	heir dhy		
	(Registered agent's sig	politic)	<del></del>
8. The name, title or capacity ar	nd address of the person(s) who has	have authority to manage is large	
Title or Capacity:	Name and Address;	Title or Capacity:	Name and Address:
CFO	JEFFERY BLAZEVICH	CONTROLLER	<del></del>
	2875 LOKER AVE E	CONTROLLER	CORINNE ROSSI  2875 LOKER AVE E
	CARLSBAD, CA 92010		CARLSBAD, CA 92010
ASST CONTROLLER	TAMMY ROBERTS	Dib (m	
	2875 LOKER AVE E	DIR HR	DEBRA ISAACS
	CARLSBAD, CA 92010		2875 LOKER AVE E CARLSHAD, CA 92010
(Use attachments if necessary)			
<ul> <li>Attached is a certificate of exisurisdiction under the law of which the translator must be submitted.</li> </ul>	stence, no more than 90 days old, duch it is organized. (If the certificate ed)	aly authenticated by the official is in a foreign language, a transl	having custody of records in the lation of the certificate under oath
0. This document is executed in	accordance with section 605.0203 (	1) (b) Clarida Orașe	
ubmitted in a document to the De	epartment of State constitutes a third	ון, בין, ויפוחממ Statutes. I am aw Idegree felony as provided for i	rare that any false information in s.817.155. F.S.
··	- JAF X	2	
	Signature of	an authorized person	<del></del>

Typed or printed name of signee

JEFFERY BLAZEVICH

## <u>Delaware</u>

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "ZEST ANCHORS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZEST ANCHORS, INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 202477228

Date: 04-09-18