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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

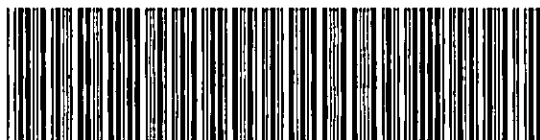
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 MAY -1 PM 1:22
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

3101

SUBJECT: ZEST ANCHORS, 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:

CONTROLLER

Name of Person

ZEST ANCHORS, LLC

Firm/Company

2875 LOKER AVE E

Address

CARLSBAD, CA 92010

City/State and Zip Code

corinne.rossi@zestdent.com

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

For further information concerning this matter, please call:

CORINNE ROSSI

760

743-7744 X158

at ()

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

72400-00-00

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:

1. ZEST ANCHORS, 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. CALIFORNIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-4801494 (FEI number, if applicable)

4. HIRING EMPLOYEE-START DATE IS 5/14/18
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 2875 LOKER AVE E (Street Address of Principal Office) 6. 2875 LOKER AVE E (Mailing Address)
CARLSBAD, CA 92010 CARLSBAD, CA 92010

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

Name: CORPORATION SERVICE COMPANY
 Office Address: 1201 HAYES STREET
TALLAHASSEE FL Florida 32301
(City) (Zip code)

2018 MAY - 1 PM 1:2
 FILED
 TALLAHASSEE, FLORIDA

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.

see attached
(Registered agent's signature)

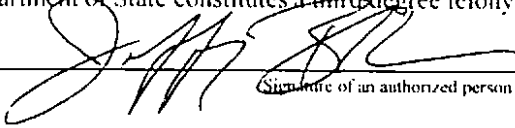
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CFO</u>	<u>JEFFERY BLAZEVICH</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>	<u>CONTROLLER</u>	<u>CORINNE ROSSI</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>
<u>ASST CONTROLLER</u>	<u>TAMMY ROBERTS</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>	<u>DIR HR</u>	<u>DEBRA ISAACS</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>

(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
JEFFERY BLAZEVICH
Typed or printed name of signer

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CARLSBAD, CA 92010

6. 2875 LOKER AVE E (Mailing Address)
CARLSBAD, CA 92010

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Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYES STREET
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(City) (Zip code)

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Sheila High
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CFO</u>	<u>JEFFERY BLAZEVIICH</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>	<u>CONTROLLER</u>	<u>CORINNE ROSSI</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>
<u>ASST CONTROLLER</u>	<u>TAMMY ROBERTS</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>	<u>DIR HR</u>	<u>DEBRA ISAACS</u> <u>2875 LOKER AVE E</u> <u>CARLSBAD, CA 92010</u>

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Jeffery Blazeviich
(Signature of an authorized person)

JEFFERY BLAZEVIICH
Typed or printed name of signer

Delaware

Page 1

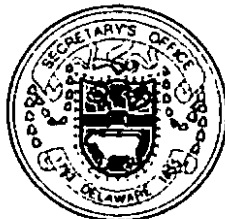
The First State

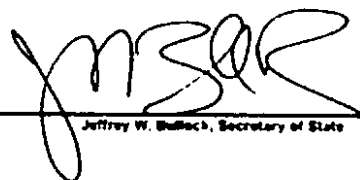
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZEST ANCHORS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, 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.




Jeffrey W. Bullock, Secretary of State

4749314 8300

SR# 20182534478

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202477228

Date: 04-09-18