

M1800007406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

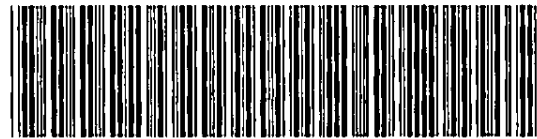
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W18-68821

Office Use Only



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2018 AUG -6 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

n BRUCE  
AUG 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2018

SHERI BOYER  
10302 BROOKRIDGE VILLAGE BLVD #201  
LOUISVILLE, KY 40291

SUBJECT: ZORNETWORK, LLC  
Ref. Number: W18000068821

We have received your document for ZORNETWORK, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 618A00015536

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZORNETWORK, 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:

Sheri Boyer

Name of Person

Rosen armstrong Holdings LLC

Firm/Company

10302 Brookridge Village Blvd # 201

Address

Louisville, KY 40291

City/State and Zip Code

sboyer@franet.com

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

For further information concerning this matter, please call:

Sheri Boyer

Name of Contact Person

at

502

Area Code

719-8351

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 AUG - 6 PM 2:42

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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. ZORNETWORK, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Pinnacle Franchise Development 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. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-5629543  
(FEI 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. 214 Bridge Street  
(Street Address of Principal Office)  
Building D  
Metuchen, NJ 08840
6. 10302 Brookridge Village Blvd  
(Mailing Address)  
Suite 201  
Louisville, KY 40291
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Lory Meyerson
- Office Address: 1629 Island Way  
Weston, Florida 33326  
(City) (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.

Lory Meyerson  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:
<u>President</u>	<u>Lory Meyerson</u> <u>1629 Island Way</u> <u>Weston, FL 33326</u>	
<u>VP Finance</u>	<u>Sheri Boyer</u> <u>10302 Brookridge Village Blvd #201</u> <u>Louisville Ky 40291</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.

Sheri Boyer  
Signature of an authorized person  
SHERI BOYER  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

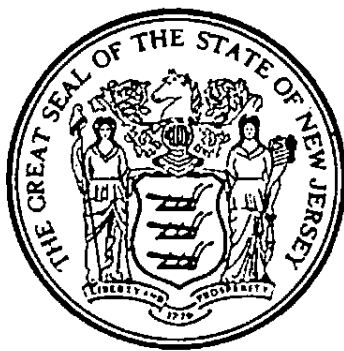
**ZORNETWORK, LLC**  
0600423548

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 13, 2015.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

JACK ARMSTRONG  
214 BRIDGE STREET  
BUILDING D  
METUCHEN, NJ 08840



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
6th day of August, 2018*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6090283730

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)