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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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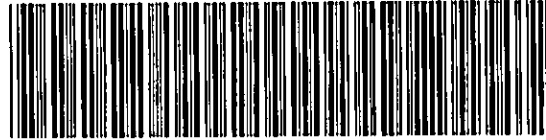
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C CAVE
JAN 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations

ZALLA LLC

SUBJECT: _____
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:

Alexey Zaporozhets

Name of Person

ZALLA LLC

Firm/Company

348 E Coconut Palm Road

Address

Boca Raton, FL 33432

City/State and Zip Code

zallalle26@gmail.com

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

For further information concerning this matter, please call:

Maria Zaporozhets

561

245-1240

Name of Contact Person

at (_____)

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:

ZALLA LLC

1. _____
(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.")

Ohio

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

3. 35-2506564
(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.)

348 E Coconut Palm Road

5. _____
(Street Address of Principal Office)

348 E Coconut Palm Road

6. _____
(Mailing Address)

Boca Raton, FL 33432

Boca Raton, FL 33432

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

Name: Alexey Zaporozhets

Office Address: 348 E Coconut Palm Road

Boca Raton 33432
_____, Florida _____
(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.

(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:

AMBR

Alexey Zaporozhets

348 E Coconut Palm Road,

Boca Raton, FL 33432

Manager

Alexey Zaporozhets

348 E Coconut Palm Road,

Boca Raton, FL 33432

(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

Alexey Zaporozhets

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ZALLA LLC, an Ohio For Profit Limited Liability Company, Registration Number 4204080, was organized within the State of Ohio on July 2, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of December, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201834701626



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/28/2018	201817901366	CONVERSION - DOMESTIC FOR PROFIT LLC (CPV)	99.00	100.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

KEATING MUETHING & KLEKAMP PLL
ONE EAST FOURTH STREET
SUITE 1400
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
4204080

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ZALLA LLC

and, that said business records show the filing and recording of:

Document(s)

CONVERSION - DOMESTIC FOR PROFIT LLC

Effective Date: 07/02/2018

Document No(s):

201817901366



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
28th day of June, A.D. 2018.

Jon Husted

Ohio Secretary of State

Form 800 Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
 File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

Certificate of Conversion for Entities Converting Into the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

Name of Converting Entity	Zalla LLC
Jurisdiction of Formation	Florida
The converting entity: (Check Only (1) One Box)	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Foreign Nonprofit Limited Liability Company
<input type="checkbox"/> Foreign Limited Partnership	<input checked="" type="checkbox"/> Foreign For-Profit Limited Liability Company
<input type="checkbox"/> Common Law Trust	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Other
The converting entity hereby states it has complied with all laws of its jurisdiction of formation. Furthermore, the law permits for the conversion.	

Name of the Converted Entity	Zalla LLC
Existing under the laws of	OH
The converted business entity type is (Check One)	
<input type="checkbox"/> Business Trust	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic Corporation (For-Profit)	
If Domestic, For-Profit Corporation, please indicate total number of shares	
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership

Effective Date (Optional)

07/02/2018

This conversion is effective on (If a date is specified, the date must be a date on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the conversion).

The name and address of the person or entity that will provide a copy of the declaration of conversion upon written request

ALEXEY ZAPOROZHETS

Print Name

348 E Coconut Palm Road

Mailing Address

Boca Raton

City

Florida

State

33432

Zip Code

If the conversion creates a new domestic corporation, limited liability company, partnership, limited partnership, or a limited liability partnership, complete and attach the formation documents prescribed by the secretary of state for the **specific entity type** being created.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

Alexey Zaporozhets; Manager

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 533A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

- (1) Articles of Organization for Domestic
☒ For-Profit Limited Liability Company
(115-LCA)

- (2) Articles of Organization for Domestic
☐ Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations:
"limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd.")

Optional: Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the
filing of the articles or on a later date specified that is not
more than ninety days after filing.)

Optional: This limited liability company shall exist for

Period of Existence

Optional: Purpose

** Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Zalla LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

KMK Service Corp.

(Name of Statutory Agent)

One East Fourth Street, Suite 1400

(Mailing Address)

Cincinnati

(Mailing City)

OH

(Mailing State)

45202

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, KMK Service Corp., named herein as the
(Name of Statutory Agent)

Statutory agent for Zalla LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Janet Welling, Assistant Secretary
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Alexey Zaporozhets, Manager

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name