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To:	Division of Corporations Fax Number : (850)617-6383	SEE, FLOR	<u> </u>
From:			

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company ZingFix, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPITANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ZingFix, LLC	Limited Liability Company; must include	on invited Liability Come	any " C " or " C "		
(, Name of Foreign	Limited Liability Company; must include	e Limited Liability Comp	any, L.E.C., Of thic)	2019 TĂL	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting busin	ess in Florida. The alternate in	nine must include "Limited Liability Co	unpliny ? "L.L.C.C. "LLC	."T.
₂ . Washington		J	3-1493455	C 26	<u> </u>
(Jurisdiction under the law of w	high foreign limited liability company is organize	ed)	(FEI number, if ap	PH 4: 45	[i]
1				100 F	٧ - عده ٧
	(Date first transacted business in Florida, (See sections 605,0904 & 605,0905, F.S.	if prior to registration.) to determine penalty hability)		智信 5	
7901 4th S	St N	₆ 79	01 4th St N	Þ	
(Street Address of I	rinzipal Office)	··· 	(Mailing Address)		
STE 300		ST	E 300		
St. Petersb	urg FL 33702	St.	Petersburg F	L 33702	
7. Name and street address	ss of Florida registered agent: (P.	O. Box <u>NOT</u> accept	able)		
Name:	Registered Ag	ents Inc.			
Office Address:	7901 4th St N	STE 300	_		
	St. Petersburg		. Florida 33702	_	
	(City)		(Zip code)		
designated in this applicate to comply with the provise	stance: egistered agent and to accept servation, I hereby accept the appoint ions of all statutes relative to the s of my position as registered ag	tment as registered a proper and complet	gent and agree to act in thi	is capacity. I furth	er agree
	Bee Han	~		_	
	1 Dagiston	ad transfer in a sure)			

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Matt Parker	☐ Manager	Name:	
∑ Member	Address: 7901 4th St N STE 300	☐ Member	Address:	
Authorized	St. Petersburg, FL 33702	Authorized		
Person		Person		201 9
Other	Other	Other		Other H
				26 ASSE
□Manager	Name:		Name:	PR III
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person	**************************************	
Other	Other	Other		Other
9. Attached is a cert jurisdiction under th of the translator mu 10. This document	is executed in accordance with section 605.020 ment to the Department of State constitutes a th	orida Department of State duly authenticated by the te is in a foreign language 3 (1) (b), Florida Statutes.	Annual Rep official having a translation I am aware t ded for in s.8	ort form. ng custody of records in the of the certificate under oath that any false information

Typed or printed name of signee



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ZINGFIX, LLC

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E, FLORIDA	9ħ :h H9	; I
the law	e of the	State

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/26/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/24/2019 UBI Number: 604 306 156

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

ten Ulgna

Date Issued: 12/24/2019