

W200000004832

(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:

W200000004832

Office Use Only



800338264988

12/27/19--01004--035 **125.00

FILED
2020 JAN 29 PM 2:38
SECOND DIST CT STATE
TALLAHASSEE, FLORIDA

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2020

CAREY A. LEICHTER
7892 GRANDE SHORES DR.
SARASOTA, FL 34240

SUBJECT: ZENSHAPE, LLC
Ref. Number: W20000004832

We have received your document for ZENSHAPE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yvette Scott
Document Specialist II

Letter Number: 720A00001583

Carey A. Leichter
7892 Grande Shores Dr.
Sarasota, FL 34240

January 24, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Zenshape, LLC
Document Number W20000004832

To Whom It May Concern:

It is my understanding that my Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida filing was rejected but is still listed as active on Sunbiz.Org.

I am again enclosing my complete Application including Cover letter and ask that you review the filing. My check has previously been sent to your office.

Thank you for your consideration.

Sincerely,



Carey A. Leichter

FILED
2020 JAN 29 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

JAN 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZENSHAPE, 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:

CAREY A. LEICHTER
Name of Person
ZENSHAPE, LLC
Firm/Company
7892 GRANDE SHORES DR.
Address
SARASOTA, FL 34240
City/State and Zip Code
CLEICHTER@ME.COM
E-mail address: (to be used for future annual report notification)

2020 JAN 29 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

CAREY A. LEICHTER 701 317-6011
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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:

1. ZENSHAPE, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 45-5376261
(FEI number, if applicable)

4. FEBRUARY 1, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7892 GRANDE SHORES DR.
(Street Address of Principal Office)

6. 7892 GRANDE SHORES DR.
(Mailing Address)

SARASOTA, FL 34240

SARASOTA, FL 34240

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

Name: CAREY A. LEICHTER

Office Address: 7892 GRANDE SHORES DR.

SARASOTA, Florida 34240
(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.

Carey A. Leichter
(Registered agent's signature)

FILED
2020 JAN 29 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: CAREY A. LEICHTER

☒ Member Address: 7892 GRANDE SHORES DR.

☒ Authorized SARASOTA, FL 34240

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: N/A

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: N/A

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: N/A

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: N/A

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: N/A

☐ Member Address: _____

☐ Authorized _____

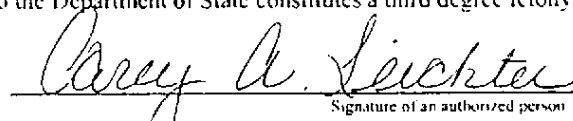
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

CAREY A. LEICHTER

Typed or printed name of signer

State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of ZENSHAPE, LLC

SOS Control ID#: 0000116436

Certificate #: 017770829

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

ZENSHAPE, LLC

a Limited Liability Company - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective April 19, 2012. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: January 24, 2020

A handwritten signature in cursive script, reading "Alvin A. Jaeger".

Alvin A. Jaeger
Secretary of State

FILED
2020 JAN 29 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA