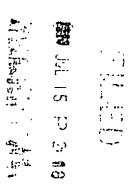
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COVER LETTER

Registration Section

TO:

Name of Limited Liability Company seed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," of and check are submitted to register the above referenced foreign limited liability company to transact busine turn all correspondence concerning this matter to the following: Krystic Rice Name of Person KKOS Lawyers Firm/Company 1883 W. Royal Hunte Dr., Stc. 200 Address Cedar City, Utah 84720 City/State and Zip Code E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Krystic Rice Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	ZS Properties, LL ECT:		
E-mail address: (to be used for future annual report notification) City/State and Zip Code E-mail address: (to be used for future annual report notification) Crystic Rice Cedar Gity. Utah 84720 City/State and Zip Code E-mail address: (to be used for future annual report notification) cr information concerning this matter, please call: Krystic Rice Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:		Name	e of Limited Liability Company
Name of Person			
Name of Person	return all correspondence	concerning this matter t	to the following:
Firm/Company 1883 W. Royal Hunte Dr., Ste. 200 Address Cedar City. Utah 84720 E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Krystie Rice At (Krystic Rice		
Firm/Company Address Cedar City. Utah 84720 City/State and Zip Code E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Krystie Rice Area Code Name of Contact Person Name of Contact Person Area Code Daytime Telephone Number Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Firm/Company Address Street Address Registration Daytime Telephone Number Area Code Daytime Telephone Number Area Code Daytime Telephone Number Area Code Tallahassee, FL 32314			Name of Person
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Cedar City. Utah 84720 E-mail address: (to be used for future annual report notification) City/State and Zip Code	1883 W. Roy	al Hunte Dr., Ste. 200	
City/State and Zip Code E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Krystie Rice At (Address
E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Krystic Rice A35	Cedar City. U	itah 84720	
Krystie Rice Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Krystie Rice 435 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		C	City/State and Zip Code
Krystie Rice Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Krystie Rice 435 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
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Name of Contact Person Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Tallahassee, FL 32303 The Centre of Tallahassee, FL 32303 Enclosed is a check for the following amount:	rther information concern	ing this matter, please ca	III:
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Name	of Contact Person	Area Code Daytime Telephone Number
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Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:	· ·		•
Tallahassee, FL 32303 Enclosed is a check for the following amount:			
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Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$125,00 Filing Fee □ \$130.00 Filing Fee & □ \$155,00 Filing Fee & □ \$160.00 Filing Fee, C	Please make check pay S125.00 Filing Fee		



June 18, 2020

KRYSTIC RICE 18883 NW ROYAL HUNTE DR STE 200 CEDAR CITY, UT 84720

SUBJECT: ZS PROPERTIES, LLC Ref. Number: W20000061440

We have received your document for ZS PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The registered agent must sign accepting the designation.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 620A00011988

RECEIVED

JUL 1 5 2020

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:

shington				•	·,·	"L.L.C," or "I
_		3				
risdiction under the law of w	rhich foreign limited liability company is organized)	J	(FEI a	umber, if ap	plicable)	
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.)				
			D 0			
1 SW Campus Dr.,	, Stc. 295	1911 SW Camp 6. (Mailing Addre	ous Dr., Si	le. 295		
dress of Principal Office)		(Mailing Addre	ss)			
leral Way, Washing	gton 98023	Federal Way, Washington 98023				
ne and <u>street addres</u>	ss of Florida registered agent: (P.O. Box]	NOT acceptable)				
ne and <u>street addres</u>	ss of Florida registered agent: (P.O. Box] Registered Agent Solutions, Inc.	NOT acceptable)				
ne and <u>street addres</u> Name:		NOT acceptable)		م جوا مراجع	e de la companya de l	
Name:		NOT acceptable)		ton and the second seco		· ; ;
_	Registered Agent Solutions, Inc.	NOT acceptable)		Les Control of the Co		
Name:	Registered Agent Solutions, Inc.		32301	to a second seco	15 July 15	
Name:	Registered Agent Solutions, Inc. 155 Office Plaza Dr., Ste. A	NOT acceptable)	32301	ter to the second secon	## JL 15 10	
Name: Office Address:	Registered Agent Solutions, Inc. 155 Office Plaza Dr., Ste. A Tallahassee (City)			Here was a second of the secon	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Name: Office Address: ered agent's accept been named as re	Registered Agent Solutions, Inc. 155 Office Plaza Dr., Ste. A Tallahassee (City)	, Florida	(Zip code	±i. ed liabili	ty comp	

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]:

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: Zena Courtney	■Manager	Name: Steven Courtney
□Member	Address: 1911 SW Campus Dr., Stc. 295	□Member	Address: 1911 SW (ampost)
□Authorized	Federal Way, Washington 98023	□Authorized	Suite 295
Person		Person	Federal Way, WA 9800
□ Other	Other	□Other	~
· · ·	·		
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	Other	Other
⊒Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person	- · · · · ·	Person	
Other		Other	•

<u>Important Notice:</u> 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

Zena Courtney

Sleven Courtney

Typed or printed name of signee

The State of Washington

Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

ZS PROPERTIES, LLC

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 09/14/2017.

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.

1 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: 07/14/2020

UBI Number: 604 169 794



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

Kim Wyman, Secretary of State

Kin Ulyna

Date Issued: 07-14-2020