## 1alocopale

(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:				

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 638568 8327263

AUTHORIZATION : CHICALOCIA

COST LIMIT : \$ 150.00

ORDER DATE : January 27, 2021

ORDER TIME : 11:23 AM

ORDER NO. : 638568-005

CUSTOMER NO: 8327263

<u>FOREIGN FILINGS</u>

NAME: ZENDEN PROPERTIES LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX CONVERSION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

TILMO

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ZenDen Propertie	SLLC
Name of I	Limited Liability Company
	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	•
Whitney Fa	ir
	ame of Person
ZonDen Propertie	S E T
Fi	rm/Company
407 N. Victoria Par	K Road 50 3 17
	Address my
Fort Lauderdale,	FL 33301
City/S	tate and Zip Code
E-mail address: (to be used	Provide COM Proor future annual report notification)
For further information concerning this matter, please call:	
Whitney Four	at (347) 262-6637
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPART  \$125.00 Filing Fee \$130.00 Filing Fee &  Certificate of Sta	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate

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

	TION 605.0902, FLORIDA STATUTES, THE FOLL SINESS IN THE STATE OF FLORIDA:	OWING IS SUBMITTED TO REGISTED	R A FORFIGN LIMITED LIABILITY
1. Name of Foreign	Limited Liability Company; must include "Limited Li	ability Company," "L.L.C.," or "LIC.")	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Florid	a. The alternate name must include "Limited Lial	bility Company," "L.L.C." or "LL.C.")
2 Delawa	thich foreign limited liability company is organized)	3. 85-43277	r, if applicable)
1/05/2	(Date first transacted business in Florida, if prior to regi (See sections 605 0904 & 605 0905, F.S. to determine p	stration.) enalty fiability)	_ <del></del>
5. Zen Den Pr (Street Address of Principal Office)	operfies LLC	6. Zon Den Propo (Mailing Address)	erties LLC
1007 N. Fee	deral Hwy #38	1007 N. Federa	e Hwy #38
Fort Lauder	dale, FL 33304	Fort lauderd	
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	OT acceptable)	2021 FEB SCORETA
Name:	Corporation Service Company		10 F
Office Address:	1201 Hays Street		OF STA
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	<del></del>
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of procion, I hereby accept the appointment as reforms of all statutes relative to the proper and sof my position as registered agent.  Corporation Service Company	gistered agent and agree to act in	this capacity. I further agree
	By:	anda . Marinan ana ana a	Libertus

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:	Title or Capacity:	Name and Address:
Manager	Name: Whitney Fair	□Manager	Name:
□Member	Address: 407 N. Victoria Park Rd	□Member	Address:
□Authorized	Fort Louderdale, FL 33301	□Authorized	
Person		Person	
□Other	Other	Other	Other
<b>∕</b> XManager	Name: Pablo Caceres	☐Manager	Name: 62 23
□Member	Address: 1496 NE 104th St.	□Member	Name: S R Address: S R Address: S R Address
□Authorized	Miami Shores, FL	□Authorized	三 <b>5 7 7</b>
Person	33138	Person	<u> </u>
Other	Other	Other	· •
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	□Other	□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.

Whitney Fair

Typed or grinted name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZENDEN PROPERTIES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZENDEN

PROPERTIES, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2021 FEB 19 PM 3: 11 SECRETAIN OF STATE



Authentication: 202462531

Date: 02-08-21