

# M21000014096

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rjobst@galvanized.com

**Foreign Limited Liability Company  
Galvanized Brands, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

8/2

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# 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. Galvanized Brands, LLC

(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.")

2. Pennsylvania

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

3. 46-2234157

(FEI number, if applicable)

4. 11/1/2021

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

5. 214 Brazilian Avenue, Ste. 210

(Street Address of Principal Office)

Palm Beach, FL 33480

6. 9078 Union Centre Boulevard, Ste. 350

(Mailing Address)

West Chester, OH 45069

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

Name: Corporate Creations Network, Inc.

Office Address: 801 U.S. Highway 1

North Palm Beach

(City)

, Florida 33408  
(Zip code)

FILED  
2021 OCT 22 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

## 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.

/S/ Jim Perkins EVP

(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: David Zinczenko	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 214 Brazilian Ave.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite 210	<input type="checkbox"/> Authorized	_____
Person	Palm Beach, FL 33480	Person	_____
<input checked="" type="checkbox"/> Other <sup>CEO</sup>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Ray Jobst	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9078 Union Centre Blvd.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Suite 350	<input type="checkbox"/> Authorized	_____
Person	West Chester, OH 45069	Person	_____
<input checked="" type="checkbox"/> Other <sup>CFO</sup>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

/S/ David Zinczenko

Signature of an authorized person

David Zinczenko, Manager

Typed or printed name of signer

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

10/18/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Galvanized Brands, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

A handwritten signature in cursive script, appearing to read "Thomas W. DeGregori".

Acting Secretary of the Commonwealth

Certification Number: TSC211018110907-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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