

MA1000016542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

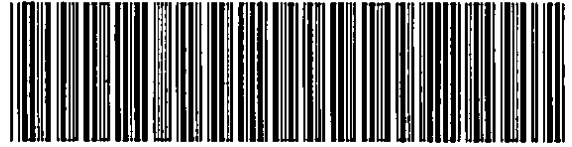
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 DEC -6 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zimm Holdings 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:

Christian G. Zimm  
Name of Person

Zimm Holdings LLC  
Firm/Company

235 Pharr Rd NE #1610 Atlanta, GA 30305  
Address

\_\_\_\_\_  
City/State and Zip Code

Zimmholdingsusa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Zimm at ( 239 ) 777-5568  
Name of Contact Person 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. Zimm Holdings 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. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 235 Pharr Rd NE #1610  
(Street Address of Principal Office)

6. 235 Pharr Rd NE #1610  
(Mailing Address)

Atlanta, GA 30305

Atlanta, GA 30305

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

Name: Christian Zimm

Office Address: 1435 Immaculate Rd

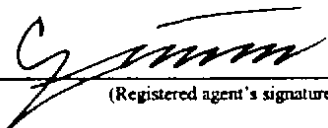
Naples, Florida 34110  
(City) (Zip code)

2021 DEC -6 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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.

  
(Registered agent's signature)


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 type="checkbox"/> Manager	Name: <u>Christian Zimm</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>235 Pharr Rd NE #1110</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Atlanta, GA 30305</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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 _____
<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.

  
\_\_\_\_\_  
Signature of an authorized person

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Zimm Holdings LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22096489  
Date Inc/Auth/Filed: 03/22/2021  
Jurisdiction : Georgia  
Print Date : 11/29/2021  
Form Number : 211



*Brad Raffensperger*

APPLICATION TO REGISTER A BUSINESS  
TO BE CONDUCTED UNDER A TRADE NAME

STATE OF GEORGIA  
COUNTY OF FULTON

The undersigned hereby certifies that (they are) (it is) (he is) (she is) conducting a business  
in the City of Atlanta, County of Fulton.

State of Georgia, under the name:

All Saints Eye Wear  
TRADE NAME

and the nature of the business is:

Sell eye glasses and other eye wear accessories online

and that said business is composed of the following ( ) person ( ) corporation (  ) partnership:

Name:

Zimm Holdings LLC

Address:

235 Pharr Rd NE #1610  
Atlanta, GA 30305

This affidavit is made in compliance with GA Code Annotated, Title 10, Chapter 1, Section 490.  
Sworn and subscribed before me.

This 30th day of Aug in the year 2021

Marrison Wodey  
Notary Public

[Signature]  
Applicant

Applicant

*Filing Instructions: Mail the original notarized application to: Cathelene Robinson, Clerk of Superior Court, Attention: Recording Division, 136 Pryor St., SW, Atlanta, GA 30303. The filing fee is \$172.00 payable to The Fulton County Clerk of Superior Court. If you have questions about the filing process, please call the Clerk's Office at 404-613-5371. Publication is required by law. If you have questions about publication, contact the Fulton County Daily Report at 404-521-1227.*