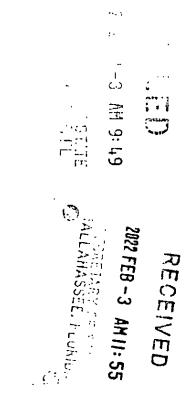
# M22000001746

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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S. HAWKES

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OCUMENT NUMB	ER	
	**PLEASE FILE	THE ATTACHED AND RETURN**
	Plain Copy	
XXXX	Certified Copy	
	Certificate of Status	
	Certified Copy of Art	FOLLOWING FOR THE ABOVE ENTITY**  ts & Amendments  ts & Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Statas .	Reflecting:
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
DUNTRY OF DESTIL	NATION	
UMBER OF CERTIFI	CATES REQUESTED	
		ACCOUNT # 120140000108 United Corporate Services, Inc.  Thank you so much!

#### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Z&V LLC			
	Name of Limited Liability Company			
		npany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.		
Please return all	correspondence concerning this matter to the	e following:		
	Sara Bagle	еу		
	Name of Person			
Hand Baldachin & Associates LLP				
Firm/Company				
1740 Broadway, 15th Floor				
Address				
New York, NY 10019				
City/State and Zip Code				
sbagley@hballp(.com				
For further infor	mation concerning this matter, please call:			
	Sara Bagley	at ( 212 ) 295-2721		
	Name of Contact Person	Area Code Daytime Telephone Number		
Registi Divisio P.O. B	z Address: ration Section on of Corporations Sox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please n	d is a check for the following amount: make check payable to: FLORIDA DEPAR 5.00 Filing Fee S130.00 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

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:

Z&VIJ.C (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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability). 453 Broome St 453 Broome St (Street Address of Principal Office) (Mailing Address) New York, NY 10013 New York, NY 10013 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United Corporate Services, Inc.. Name: 3458 Lakeshore Drive Office Address: 32312 Tallahassee , Florida 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.

Michael A. Barr President

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Rémy Baume Manager Name: **M**Manager Name: Thierry Gillier 453 Broome St 453 Broome □Member Address: Address: □Member New York, NY 10013 New York, NY 10013 □ Authorized □ Authorized Person Person □Other Other □Other □Other Name: Christopher Tate □Manager □Manager Name: Address: 453 Broome St □Member □Member Address: New York, NY 10013 **X**Authorized □ Authorized Person Person □Other\_ □Other\_\_\_\_ Other\_\_\_ □Other\_\_\_\_ Name: Name: □Manager □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. Nonindexed 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/ Christopher Tate Signature of an authorized person Christopher Tate

Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZEV 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

SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "Z&V LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2020.

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

Authentication: 202556670

Date: 02-02-22

7975279 8300 SR# 20220343169