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	Fax Number : (850)617-6383		, cs 77(d)
From:			
	Account Name : REGISTERED AGEN	rs inc.	
	Account Number : I20090000081		
	Phone : (307)200-2803		,* ,*
	Fax Number : (855)330-1010		. *
= - En	ail Address:		_
.51 77#7	Foreign Limited Liabil	ity Company	
<u>'</u>	· ·		
20	Zdebski Holding Gi	oup LLC	
~	Certificate of Status	0	
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S. ROBERTS

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

IN COMPLIANCE WITH SECTION 605,6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	same adopted for the purpose of transacting business in Fl	arida. The alternate name must include "Limited Liability Co	empany," "L.L.C." or "ELC.")
Delaware		3iFEI number, if app	<del></del>
(Jurischetion under the law of w	hich foreign limited liability company is organized)	iFLi numocc, ii app	(KaDIC)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determine	registration.) ne penalty liability)	
8 The Gre	en STE R	6. 16192 Coastal Hwy	
reet Address of Principal Office)	······································	(Mailing Address)	
Dover DE 19901		Lewes DE 19958	
			202
			7022 NOV
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	, ,
<del></del>			. –
	Registered Agents Inc		· PH 3:
Name:		<del>,</del>	~ ~
Office Address:	7901 4th St N STE 300		2
Office Address:			
Office Address:	St. Petersburg	, Florida 33702	

(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: Name and Address: Title or Capacity: Name: Trevor Zdebski Name: □ Manager □Manager Address: Address: \_\_\_\_ □ Member **⊠** Member 7901 4th St N STE 300 □ Authorized ☐ Authorized St. Petersburg FL 33702 Person Person Other □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other Name: Name: \_\_\_\_\_ □Manager □Manager Address: Address: □ Member □ Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_ □Other\_\_\_\_\_ Name: □Manager Name: □ Manager Address: Address: □Member □ Member □ 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 \$.817.155, F.S. Riley Park

Typed or printed name of signec-

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZDEBSKI HOLDING GROUP 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZDEBSKI HOLDING GROUP LLC" WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2021.

and core delaware powers

Authentication: 204413190

Date: 09-16-22

5093574 8300 SR# 20223546432