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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company ZENITH CAPITAL PARTNERS LLC

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From: David Thomas

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 RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Zenith Capital Partners LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, order alternate same adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") 47-3142694 (Jurisdiction under the law of which (oreign limited liability company is organized) 12/1/2022 (Date first transacted business in Florids, if prior to registration.)
(See sections 605 0904 & 605.0905, F.S. to determ ne penalty limitity) Harbourside Place, Harbourside Place 5. (Street Address at Principal Office) (Mailing Address) 110 Front Street, Suite #300 110 Front Street, Suite #300 Jupiter FL. 33477 Jupiter FL. 33477 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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. C T Corporation System a Rachel O'Connor, Assistant Secretary

From: David Thomas

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: Alan White	Manager	Name:
□ Member ·	Address: Harbourside Place	□Member	Address: Harbourside Place
□Authorized	110 Front Street, Suite #300	☐Authorized	110 Front Street, Suite #300
Person	Jupiter FT., 33477	Person	Jupiter FL. 33477
□Other	Other	□Other	Other
□ Manager ·	Name:	□Manager	Name:
□ Member	Address:	- Member	Address:
□Authorized		[] Authorized	
Person		Person	
□Other	□ Other	□Other	□ Other
□Manager	Name:	□ Manager ·	Name:
□Member	Address:		Address:
□ Authorized		□Authorized	
Person		Person	
□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.

	S/S to	
	Signature of an authorized person	
Alan White		
	Threat or printed name of single	



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

DELAWARE, DO HEREBY CERTIFY "ZENITH CAPITAL PARTNERS 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2022.

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

at corp. delaware. gov/auti

Authentication: 204853318

Date: 11-14-22