M2300010642

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

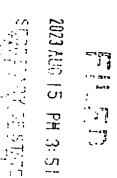
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W23-107397



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08/01/23--01032--015 **160.00





August 7, 2023

MIKE GEPPERT 7839 ALLENTOWN BLVD HARRISBURG, PA 17112 US

SUBJECT: ZENITH24 LLC Ref. Number: W23000107397

We have received your document for ZENITH24 LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 523A00017807

Ariel Jones Regulatory Specialist II

COVER LETTER

TO:

то:	Registration Section Division of Corporations			
SUBJ	Zenith24 LLC ECT:			
		me of Limited Liability Company		
The er Existe	nclosed "Application by Foreign Limited Liability ence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida		
Please	return all correspondence concerning this matter	to the following:		
	Mike Geppert			
		Name of Person		
	Zenith 24 LLC			
		Firm/Company		
	7839 Allentown Blvd			
Address				
	Harrisburg PA 17112			
City/State and Zip Code				
	leoalfaro@comcast.net			
	E-mail address: (to	be used for future annual report notification)		
For fu	orther information concerning this matter, please c	call:		
Mike Geppert		717 648-8122		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
	Mailing Address:	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate	EPARTMENT OF STATE Fee & □ \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Zenith 24 LLC (Name of Foreign	Limited Liability Company, must include "Limited	Liability Company," "L. l. C.," or "LLC.")	
None			
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name must include "Limited Lie	ability Company," "L.L.C," or "LLC.")
Harrisburg PA		3.	
(Jurisdiction under the law of w	hich foreign limited limitity company is organized)	(FEI number	er, if applicable)
None 4.			
T	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liability)	
Leo Alfaro		Leo Alfarno	_
(Street Address of Principal Office)		6. (Mailing Address)	- 102. - 102.
2861 Electronics Drive		2861 Electronics Drive	
Melbourne FL		Melbourne FL	5 5
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	9 5 5 1
Name:	Leo Alfrano		
Office Address:	2861 Electronics Drive		
	Melbourne FL	32935 , Florida	
	(City)	(Zip code)	
Registered agent's accep	tance:		

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 ment'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:
■Manager	Name: Leo Alfarno	□Manager	Name: Mike Geppert
□Member	Address: 1462 Vestavia Circle	≣Member	Address: 7665 Greenhill Rd
□Authorized	Melbourne Fl. 32940	□Authorized	Harrisburg PA 17112
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	<u>-</u>	□Authorized	-
Person		Person	-
□Other	Other	□Other	□ Other
□Manager	Name:	□Manager	Name;
□Member	Address:	□Member	Address:
□Authorized	-	□Authorized	
Person	-	Person	_
Other	Other	Other	□Other

<u>Important Notice</u>: 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.

Mi	VD-		
	7	Signature of an authorized person	
Mike Geppert			
·		Typed or printed name of signee	

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Zenith 24, LLC

Request Type: Subsistence Certificate Issuance Date: August 16, 2023

Request No.: 020568523 File No.: 0013355315

Receipt No.: 000649632

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: April 11, 2023

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Zenith 24, LLC

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Selmi

Verify this certificate online at www.file.dos.pa.gov