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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Carameter Entry, Center, |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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CT CORP

(850) 656-4724 3558 lakesore Drive Tallahassee, FL 32312

10/25/2023

| D | te: 10/25/2023 | |
|---|---|---------------------|
| | Acc#I20160000072 | |
| Name: | ZIFT, LLC | |
| Document #: | | |
| Order #: | 15187978 | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
| Filing: 🗸 | Certified: Email Address for Annual Re | port Notifications: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 130.00 | |

Thank you!

COVER LETTER

| | stration Section ion of Corporations | |
|---------------------------------------|--|---|
| UBJECT: _ | Ziff, LLC | |
| enaner | Namo | e of Limited Liability Company |
| he enclosed ' xistence, and | "Application by Foreign Limited Liability Clebek are submitted to register the above to | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor |
| ease return a | all correspondence concerning this matter to | o the following: |
| | Kelsey M. Lutz | |
| | | Name of Person |
| | Bodman PLC | |
| | | Firm/Company |
| | 201 S. Division Street, Suite 400 | |
| | | Address |
| | Ann Arbor, MI 48104 | |
| | C | ity/State and Zip Code |
| | KMLutz@bodmanlaw.com | |
| | E-mail address: (to be | e used for future annual report notification) |
| or turther inf | formation concerning this matter, please cal | П: |
| Kels | ey M. Lutz | 734 930-5688 |
| | Name of Contact Person | Area Code Daytime Telephone Number |
| Mailing Address: Registration Section | | Street Address: Registration Section |
| | sion of Corporations | Division of Corporations |
| | Box 6327 | The Centre of Tallahassee |
| Tall | ahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Pleas | osed is a check for the following amount: se make check payable to: FLORIDA DEP 125.00 Filing Fee S130.00 Filing Fee Certificate of | e & 🖂 \$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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate r | name adopted for the purpose of transaction | ng business in Florida. The al | ternate name must include "Limited Liab | ility Company." | "I_I_C," o | or "LLC." |
|--|---|---|---|------------------|---------------------------------|---------------------------------------|
| Utah | | 3. | (FEI number | | | |
| (Jurisdiction under the law of w | hich foreign limited liability company is | organized) | (FEI number, | , if applicable) | | _ |
| | (Date first transacted business in FI (See sections 603.0904 & 603.090) | orida, if prior to registration | - | | | |
| 950 N 200 E SUITE 9 | | | 950 N 200 E SUITE 956 | | | |
| et Address of Principal Office) | | 6 | (Mailing Address) | | | |
| Spanish Fork, UT 84660 | | : | Spanish Fork, UT 84660 | | | |
| | | | | | | |
| | | - | | | | |
| Name and street addres | ss of Florida registered agent | : (P.O. Box <u>NOT</u> ac | cceptable) | - | 2023 OCT | |
| Name and <u>street addres</u> Name: | SS of Florida registered agent C T Corporation System | : (P.O. Box <u>NOT</u> ac | cceptable) | | 2023 OCT 25 | |
| Name: | | | cceptable) | ・ ・ シ | 25 PM | |
| | C T Corporation System | ad | | | 25 | |
| Name: | C T Corporation System 1200 South Pine Island Ro | ad | | | 25 РН Կ։ | , , , , , , , , , , , , , , , , , , , |
| Name: Office Address: egistered agent's accepaying been named as resignated in this applications comply with the provisi | C T Corporation System 1200 South Pine Island Ro Plantation (Contained: Stance: Segistered agent and to accept the application. I hereby accept the application. | ad t service of process f pointment as registe to the proper and con | | this capac | 25 PH 4: 27 spany at airy. I fu | irther |

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Nathan Hughes Name: ____Marc Roberts Manager Manager 950 N 200 E SUITE 956 950 N 200 E SUITE 956 □Member Address: □Member Address: Spanish Fork, UT 84660 Spanish Fork, UT 84660 □ Authorized □ Authorized Person Person □Other_____ □Other_____ □Other _____ □Other____ □Manager □ Manager Name: _____ ☐ Member Address: □ Member Address: ______ □ Authorized □ Authorized Person Person □Other □Other __ □Other____ □Other____ ☐ Manager Name: _____ Name: _____ □Manager Address: ___________ □ Member Address: ☐ Member ☐ 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. 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. Signature of an authorized person Marc Roberts

Typed or printed name of signee

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/24/2023 9579529-016010242023-1525079

CERTIFICATE OF EXISTENCE

Registration Number:

9579529-0160

Business Name:

ZIFT, LLC

Registered Date:

October 23, 2015

Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code