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(((H24000074973 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

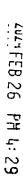
joan@allianceanimal.com Email Address:____

Foreign Limited Liability Company ZBS ST. LUCIE, LLC

Certificate of Status	U
Certified Copy	ı
Page Count	04
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Help



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

IN COMPILANCE WITH SECTION 6950002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

1. ZBS St. Lucie, ELC						
(Name of Foreign	Limited Liability Company; must include "United	Linbiht	y Company," "E.L.C.," or "LLC.")			
ill name unavailable, enter afternate n	lane adopted for the outcose of transacting business in El	onda Tar	alternate name must melode "Conned Liabil	ity Company," "U.,.	C. or 1 LC	
Delaware Characterizer and or the law of which foreign limited healthy company is organized.		99-1527588				
N/A	ukin torcië i omned naomik combu ik is otëvarsedi		(PP) MIOUNT	i applicant)		
4.	(Dete first masketed business in Flurida, it prior to (See sections 605 0804 & 605 0805, F.S. to determine	registration ne penalty	r,) liabiluy)	<u></u>		
7790 S. US Highway 1		6,	800 Westchester Ave., Ste. S-5	504		
Street Address of Principal Office)			(Shilling Address)	•		
Port St. Lucie	·		Rye Brook		<u>. </u>	
Florida, 34952			New York 10573			
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT :	acceptable)		2025	
	CT Corporation System				,FEB	
Name:				. •	26	
Office Address:	1200 South Pine Island Road				PĦ	
	Plantation		33324 , Florida	•	ե։ 2	
	(Cay)		(Zip code)		9	

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.

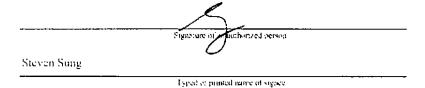
Laura R Broderick
(Registred agent's signature)

Laura Broderick - Asst. Secretary

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:		
■Manager	Name: Steven Sung	□Manager	Name:			
[]Member	Address: 12 White Birch Ridge	□Member	Address:			
∐Authorized	Weston, CT 06883	U Authorized				
Person		Person				
□Other		Cother		□Other		
□Manager	Name:	□Manager	Name:			
□Member	Address:	□ Member	Address:			
DAuthorized		□ Authorized	*****************			
Person		Person				
□Other	Other	∐Other	* · · · · · · · · · · · · · · · · · · ·	□Other		
□Manager	Name:	⊞Manager	Name:			
∐Member	Address:	□ Member	Address:			
□Authorized		Authorized				
Person		Person				
CiOther	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.





Page 1

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

DELAWARE, DO HEREBY CERTIFY "ZBS ST. LUCIE, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZBS ST. LUCIE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2024.

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

Authentication: 202874178

Date: 02-23-24