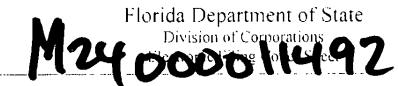
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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Foreign Limited Liability Company KZM LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$155.00

5 ' Page 3 of 5 2024-09-06 06 44:16 PDT 19548277645 From. Kaity Toon

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

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGY. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY (Name of Foreign Limited Linhilay Company, must include "Limited Liability Company," "U.E., or "LLC, ") If name angustiable, enter ahermate came adopted for the purpose of transacting business in Florida. The ahermate game must include "Limited Babbles Company," [L.E.C. or [L.E.C.]] Delaware (Jurishetion under the law of which fore an biblied liability company is organized) (Date find transacted business in Planda, if paint to registration.) (See sections 615 (804, 8, 605, 0505, ES) to determine penalty liability) 106 NE 40TH STREET 584 BROADWAY SUITE 901 (Street Address of Principal Office) MIAMLEL 33137 NEW YORK, NY 10012 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) C.F.Corporation System. Name: 1200 South Pine Island Road Office Address: Plantation 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 daties, and I am familiar with

and accept the obligations of my position as registered agent.

From Kaity Toon

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: ELIZABETH S BUCCINI	∏Manager	Name:	
.≅Member	Address: 584 BROADWAY SUITE 901	□Member	Address:	
Authorized	NEW YORK, NY 10012	[] Authorized		
Person		Person		
TOther	[]Other	L ¹ Other		. Other
□Manager	Name:	El Managor	Name:	
□Member	Address:	[7Member	Address:	
CaAuthorized		CAmborized		
Person		Person		
ElOther		[] [Other]		10ther
∐Manager	Name:	Manager	Name:	· · · · · · · · · · · · · · · · · · ·
[]Member	Address:	T.Member	Address:	
□Authorized		Authorized		
Person		Person		
ZOther		_]Other		L'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. (I) 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.

	Mand Mill Signature of an enthorized person	
Manish Jain	MANISH TAIM (According)	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "KZM 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-EIGHTH DAY OF AUGUST, A.D. 2024.

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

Authentication: 204263269

Date: 08-28-24