10/14/24, 4:19 PM

Division of Corporations

Florida Department of State Division of Corporation

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Page: 2 of 5

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. **

Email Address: joan@allianceanimal.com

Foreign Limited Liability Company ZBS OB CUMBERLAND, LLC

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Help

From: James Tanks

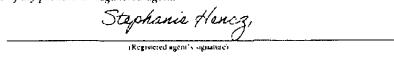
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (6:5:00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

trame unavastable, enter alternate is	ance adopted for the purpose of transacting business in hi	lorida. 1i≈	elsemate issue must include "Lim	used Eightlity Company,"	"L1_C," or "t
Delaware	inch foreign hunted hability company is organized)	3.	33-1300717		
(Jurisdiction under the law of is-	inch foleign limited hability company is organized)		(FE)	I number, it applicable)	
N/A					
	(Pale tird imassacied business in Florida, if prior to (See sections (4)5.0904 & 605.0905, F.S. to determ	registration inc penalty	r) listeility)		
5. 2728 Ox Bottom Road Screet Address of Principal Office)		,	800 Westchester Ave.,		
		(). (Alading Address)			
Taliahassee, FL 32312			Rye Brook		
			New York 10573	· -t.	
Name and street address	s of Florida registered agent: (P.O. Box	NOT.	acceptable)		2024 CCT
Name:	CT Corporation System			: 200 c	
Office Address:	1200 South Pine Island Road		,, .	<u> </u>	<u>ာ</u> မှ
	Plantation		33324 , Florida		77
	(City)		tZip €i	edr)	

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.



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: Matthew Sussman	☐Manager	Name:	
□Member	800 Westchester Ave Ste. S-504	□Meinber	Address:	
□Authorized	Rye Brook, NY 10573	□Authorized		· · · · · · · · · · · · · · · · · · ·
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	E)Other	□Other		[]Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	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 trate constitute a third degree follows as provided for in s.817.155, F.S.

11 are			
	Signature of an authorized person		
Matthew Sussman			
	I vired or printed name of signee		



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

DELAWARE, DO HEREBY CERTIFY "ZBS OB CUMBERLAND, 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 THIRD DAY OF OCTOBER, A.D. 2024.

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

Authentication: 204552516

Date: 10-03-24