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(((H24000386180 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEVADA CORPORATE HEADQUARTERS, INC

Account Number : I20240000024 Phone : (800)508-1726 Fax Number : (702)514-6187

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## COVER LETTER

	ZOAMOZHI ENPENDINCE A LC				
SUBJECT	ZIMNOCH ENTERPRISE, LLC				
	Nam	e of Limited Liability Company			
The enclos Existence,	sed "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid			
Please retu	irn all correspondence concerning this matter to	o the following:			
	LDUMOVICH				
		Name of Person			
	NCH Registered Agent				
Firm'Company					
	1450 VASSAR ST				
Address					
	RENO. NV 89502				
	C	ity/State and Zip Code			
	AlyciaDarby@gmail.com				
	E-mail address: (to be	e used for future annual report notification)			
For further	information concerning this matter, please ca	H:			
NCH Registered Agent		S(N) 508-1726			
	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			
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEP 3 \$125.00 Filing Fee \$130.00 Filing Fe 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 COMPLANCE WITH SECTION 605,0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESON TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	I Liability C	ompany," "L.U.C.," or "L.L.C.")		
(if name massilable, ever alternate t	name adopted for the purpose of transacting business in H	orida. The aste	renate name must include "Limited Eliability Co	impany," "U. L.C." or "U.C.	
NEVADA		•			
(Jerisdiction order the law of which foreign limited liability company is organized)			3. (Fill number, (Capplicable)		
<del> </del>					
	(Date first transacted business in Horida, if proof to (See sections 605 090) & 605 0905 J. S. to detector	registration ) me penalty list	ality)		
2(X)59 Heritage Point Dr i. succet Address of Principal OriSec)		6	0059 Heritage Point Dt (Mailing Address)		
Street Address of Principal Office)					
Fampa, FL 33647		ì`: 	ampa, FL 33647		
				********	
7. Name and street addres	ss of Florida registered agent; (P.O. Box	NOT acc	reptable)	2u	
Name:	Alycia Zimnoch			ขึ้นผู้หาได้ง 2 ไ	
Office Address:	20059 Heritage Point Dr				
	Tampa		33647 , Florida	Art 6: 2	
	(Cay)		(Zip code)	28	

Registered agent's acceptance:

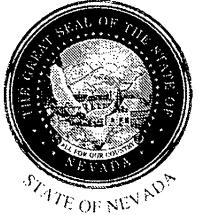
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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: Name and Address: Title or Capacity: Name: Alycia D. Zimnoch Name: □Manager ■Manager 20059 Heritage Point Dr □ Member Address: \_\_\_\_\_ □Member Address: \_\_\_\_\_ Tampa, FL 33647 □ Authorized Authorized Person Person □Other\_\_ □()ther\_\_\_\_\_ □Other\_\_\_\_\_ ..... □Other\_\_\_\_\_ Name: Name: □Manager Manager Address: □Member Address: **DAuthorized D**Authorized Person Person □Other\_\_\_\_\_ □Other □Other □Manager □Manager Name: Name: Address: ☐ Member Address: \_\_\_\_\_ 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 State constitutes a third degree felony as provided for in \$.817.155, F.S. Alycia D. Zimnoch
Signature of an authorized person Alycia D. Zimnoch Typed or printed fame of signee





# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **ZIMNOCH ENTERPRISE**, **LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/01/2019, and in good standing in this State.



Certificate Number: B202411205203015

You may verify this certificate

online at https://www.nvsilverflume.gov-home

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/20/2024.

FRANCISCO V. AGUILAR Secretary of State