Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000112216 3)))



H230001122163ABCS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

FOREIGN PROFIT/NONPROFIT CORPORATION

Zorba, Inc.

Certificate of Status	0
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Help



March 27, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

REGISTERED AGENTS INC.

SUBJECT: ZORBA, INC. REF: W23000041102

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin FAX Aud. #: H23000112216 Regulatory Specialist II Letter Number: 423A00006945

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ZORBA, II	NC. orporation; must include "INCORPORATED,"	weath the weathan trial	••
	orporation; must include INCORPORATED; orp.," "Inc." "Co." or "Corp.")	COMPANY, CORPORATION,	
Zorba Innov		<u> </u>	
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)
2. Delaware	y under the law of which it is incorporated)		
(State or countr			
4. 10/30/2020		42 61 10	1
(Date	of incorporation)	(Date of duration, if other th	an perpetual)
6	(Date first transacted business in		
7001 44- 6	(SEE SECTIONS 607.1501 & 607.15		')
7. 7901 4th S	St N STE 300, St. Petersburg, F	-L 33/UZ ce street address)	
7001 4th 9	·		
7901 4013	St N STE 300, St. Petersburg, I	g address, if different)	
		, ,	
8. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	c (5
Name:	Registered Agents Inc		FALL NIA
			HAR 27 PM
Office Address:	7901 4th St N STE 300		27
	St. Petersburg (City)	, Florida <u>33702</u>	
	(City)	(Zip code)	
9. Registered age			
	ed as registered agent and to accept service application, I hereby accept the appointm		
further agree to c	omply with the provisions of all statutes re	lative to the proper and complete	
and I am familiar	with and accept the obligations of my pos	ition as registered agent.	
-			
(Liavia Soberts		
	(Registered agent's sig	gnature)	

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

A. DIRECTORS				
□ Chairman	Name: PREISS, OR	□Chairman	Name: MANTZUR, KOBI	
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address: 7901 4th St N STE 300	
X Director	St. Petersburg, FL 33702	X Director	St. Petersburg, FL 33702	
X President		□President		
□Vice President		□Vice President		
Secretary	X Treasurer	XiSecretary	□Treasurer	
□Other	Other	Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director	***	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other		□Other	Other	
individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Department	nt of State Annual Re	eport form.	
12. Signature of Director or Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.\$17.155, F.S.				
13	Or Preiss, Director			

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ZORBA, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZORBA, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2020.

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

a a cora del avare gov/aut

Authentication: 202996121

Date: 03-24-23

4016491 8300

SR# 20231129645