

# State of Idaho

Office of the Secretary of State

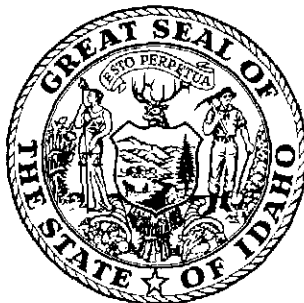
**CERTIFICATE OF REGISTRATION  
OF  
ZP INSURANCE LLC**

File Number W 164331

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 28, 2016



*Lawrence Denney*  
SECRETARY OF STATE

By *[Signature]*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

2016 MAR 28 PM 2: 04

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: ZP INSURANCE LLC
2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
 

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Delaware  
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
 

<u>500 3rd Street #405</u>	<u>San Francisco</u>	<u>CA</u>	<u>94107</u>
(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
 

(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
 

(Address)	(City)	(State)	(Zipcode)
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8. Name and street address of registered agent in Idaho:
 

<u>Dean L. Cameron</u>	<u>700 W State Street, Fl3</u>	<u>Boise</u>	<u>ID 83702</u>
(Name)	(Address)	(City)	(State) (Zipcode)
9. The name, capacity, and mailing address of at least one governor:
 

<u>Tomer London</u>	<u>Manager</u>	<u>500 3rd Street #405</u>	<u>San Francisco</u>	<u>CA 94107</u>
(Name)	(Capacity)	(Address)	(City)	(State) (Zipcode)
(Name)	(Capacity)	(Address)	(City)	(State) (Zipcode)

Typed Name: Liza Kostinskaya

Signature: \_\_\_\_\_

Capacity: Legal Operations

Secretary of State use only

IDAHO SECRETARY OF STATE

03/29/2016 05:00

CK:46 CT:322456 BH:1520916

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W164331

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZP INSURANCE 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 TENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZP INSURANCE LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2015.

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



5724390 8300

SR# 20161598181

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201966350

Date: 03-10-16