State of Rhode Island and Providence Plantations Office of the Secretary of State					
	Division Of Business Services				
148 W. River Street					
	Providence RI 02904-2615				
HOPE	(401) 222-3040				
Certificate Request	Form				
Request Information /	Entity Name is only required for a	Cortificato	of Non-Existence)		
Request mornation (Ochimotalo	or Non Existence)		
ID	ENTITY NAME		CERTIFICATE TYPE		
000142435	ZALO ONE, LLC		Good Standing Certificate		
Total Fee: \$74.50					
Filer's Contact Informa	ation				
•	mailing address and email.)				
Contact Name: <u>J. RU</u>					
Business Name: JACK					
No. and Street: <u>49 BE</u>		- t DI	7. 02940		
City or Town: <u>NEW</u>		ate: <u>RI</u>	Zip: <u>02840</u>	Country: <u>USA</u>	
Contact Phone: (401) 848-7979 ext: Contact Email: IMC@JACKSONONEILL.COM					
Please provide an email address to receive an expedited response from us if the filing is rejected					
for any reason. If no email address is provided, we will respond by mail.					
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