

# L14 000 113558

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP  
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Phone : (305) 599-0839  
Fax Number : (305) 592-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**Zip Zap Info, L.L.C.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

Zip Zap Info, L.L.C.

ARTICLE II. ADDRESS

The principal place of business of this limited liability company shall be:

2027 Beach Drive SE, Saint Petersburg, FL 33705

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE:

The name and address of the registered agent and office is Zachary J. Zehnder, 1119 46<sup>th</sup> Ave. NE, Saint Petersburg, FL 33703.

SIGNATURE

TITLE

Manager

DATE

7/15/14

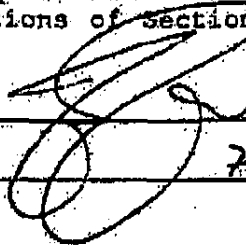
Prepared by Ronald A. Brown & Associates, P.A.  
P. O. Box 999, Winter Haven, FL 33882-0999

2014 JUL 17 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

  
7/15/14

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Zachary J. Zehnder  
1119 44th Ave. NE  
Saint Petersburg, FL 33703

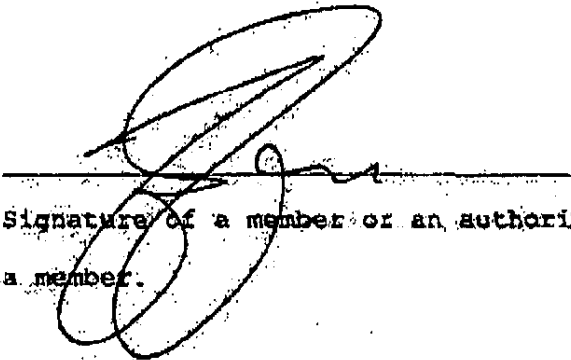
Member

R. Kent Dudley  
2027 Beach Drive SE  
Saint Petersburg, FL 33705

Member

Michael J. Zehnder  
387 12th Ave.  
Indian Rocks Beach, FL 33785

14 JUL 17 PM 9:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



Signature of a member or an authorized representative of  
a member.

(In accordance with section 605.0203 Florida Statutes,  
the execution of this document constitutes an  
affirmation under penalties of perjury that the facts  
stated herein are true.)

Zachary J. Zehnder

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 JUL 17 PM 9:44