

L160000214024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

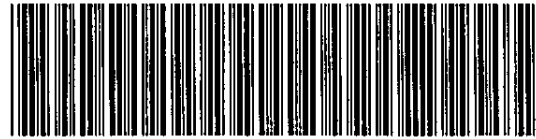
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/14/16--01023--016 **125.00

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2016 NOV 21 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV 29 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2016

ROBERT J. SLOTKIN
LAW OFFICE OF ROBERT J. SLOTKIN
633 SOUTH ANDREWS AVENUE, SUITE 201
FORT LAUDERDALE, FL 33301

SUBJECT: ZAP OPERATING, LLC
Ref. Number: W16000070710

We have received your document for ZAP OPERATING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name release letter must be signed by the "MGRM" not the Registered Agent.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 116A00022303

LAW OFFICES
ROBERT J. SLOTKIN

ROBERT J. SLOTKIN, ESQ.

Robslotkin@aol.com

September 29, 2016

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Robert J Slotkin PA P07000103701
ZAP operating LLC L10000019076
GZNRB LLC L11000025986
FAM Florida investments LLC L14000009238
Konsul Office Products Inc. 643731

Dear Sir or Madame,

I am the Registered Agent and Attorney for the following five (5) entities. I do not intend to reinstate these names or revoke the dissolution, and I respectfully request that you release these names:

Robert J Slotkin PA	P07000103701
ZAP operating LLC	L10000019076
GZNRB LLC	L11000025986
FAM Florida investments LLC	L14000009238
Konsul Office Products Inc	643731

Per your instruction to me over the phone, I am enclosing new Articles of Incorporation or Articles of Organization for each entity name, together with five checks #4718-4722 one for each entity.

Thank you for your assistance.

Very truly yours,

Robert J. Slotkin
For the Firm
RJS/rm

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZAP OPERATING, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT J. SLOTKIN

Name of Person

LAW OFFICE OF ROBERT J. SLOTKIN

Firm/Company

633 SOUTH ANDREWS AVENUE, SUITE 201

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

ROBSLOTKIN@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. SLOTKIN

954

564-6999

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ZAP OPERATING
2360 W. Oakland Park Blvd.
Oakland Park, FL 33311

November 1, 2016

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: ZAP operating LLC L10000019076

Dear Sir or Madame,


* I am the Manager of this entity. I respectfully request that you release this name, which I have made arrangements to reclaim:

ZAP Operating, LLC

L10000019076

I thank you for your assistance.

Very truly yours,


Zachary Kartez
Managing Member

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZAP OPERATING, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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2016 NOV 21 AM 7:27

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2360 W. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

Mailing Address:

3271 JUDITH LANE
OCEANSIDE, NY 11572

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ROBERT J. SLOTKIN, P.A.

Name

633 SOUTH ANDREWS AVENUE, SUITE 201

Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL 33301

City

State

Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

GZNRB, LLC

3271 JUDITH LANE

OCEANSIDE, NY 11572

RUSSRITE REALTY CORP.

175 MOTT STREET

OCEANSIDE, NY 11572

MGR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


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

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 s.817.155, F.S.

ROBERT J. SLOTKIN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)