

L18000097394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

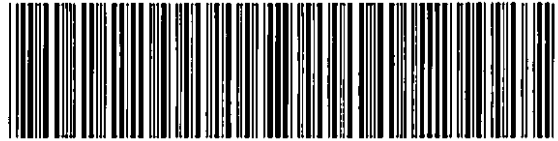
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ZAP Community Investments, LLC.
Name of Limited Liability Company

Please
capitalize
"ZAP"

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

Please return all correspondence concerning this matter to the following:

Michele Arango
Name of Person

ZAP Community Investments, LLC.
Firm/Company

4830 W KENNEDY BLVD STE 600
Address

TAMPA, FL 33609
City/State and Zip Code

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

For further information concerning this matter, please call:

Michele Arango at 941 301 5566 (cell)
Name of Person Area Code Daytime Telephone Number
813 800 6744 (office)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZAP Community Investments, LLC.
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
<u>4830 W. KENNEDY BLVD STE 600</u>	<u>(SAME)</u>
<u>TAMPA, FL 33609</u>	<u>4830 W KENNEDY BLVD STE 600</u>
	<u>TAMPA, FL 33609</u>

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:

REGISTERED AGENTS INC
Name
3030 N. Rocky Point Dr STE 150 A
Florida street address (P.O. Box NOT acceptable)
TAMPA, FL 33607
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..

Bill Hume
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MBR

Name and Address:

Michele Arango / TEAM SYNERGY
EXCHANGE, INC.
4830 W. KENNEDY BLVD STE 600
TAMPA, FL 33609

EDWARD F. FAIRFAX / DREAM FINDERS REAL
ESTATE INVESTORS LL
207 DAYTON DRIVE NORTH
NORTH WALES, PA 19454

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2018 (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.

Any and all lawful business acts, including but not
limited to buying, renovating AND selling of residential and
commercial properties and developments.
the

REQUIRED SIGNATURE:

Michele Arango
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.

Michele Arango
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)