

**U8000101494**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000129411 3)))



H180001294113ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

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

Email Address: REGISTEREDAGENT-WRL@SHUFFIELDLOWMAN.COM

**FLORIDA LIMITED LIABILITY CO.**

~~ZAS MANAGEMENT, LLC~~ **ZASM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
2018 APR 25 PM 4:45  
FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES

18 APR 25 AM 10:04  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. FASON

APR 24 2018

Electronic Filing Menu

Corporate Filing Menu

Help



April 25, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SHUFFIELD LOWMAN

SUBJECT: ZAS MANAGEMENT, LLC  
REF: W18000038746

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H18000129411  
Letter Number: 118A00008466

((H18000129411 3)))

**ARTICLES OF ORGANIZATION  
OF  
ZASM, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is ZASM, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

15 Warren Street  
Apartment 308  
Jersey City, NJ 07302

The mailing address of the principal office of the Company is as follows:

15 Warren Street  
Apartment 308  
Jersey City, NJ 07302

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV  
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq.  
Shuffield, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

RECORDED  
AND  
FILED  
18 APR 25 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H18000129411 3)))

**ARTICLE V  
MANAGEMENT**

The name and address of each person initially authorized to manage and control the Company, until their successors are appointed, are as follows:

Title	Name and Address
Manager	Zack Schwartz 1319 Prospect Street Westfield, NJ 07090

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.



William R. Lowman, Jr., Esq., as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 of the Florida Statutes.*



William R. Lowman, Jr., Esq.