

L22000438414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

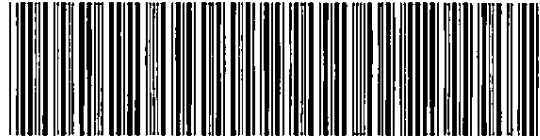
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Certified Copies _____

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S. CHATHAM

OCT 13 2022

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OCT 13 2022
DIVISION OF CORPORATE AFFAIRS
HARTFORD, CT

2022 OCT -7 PM 1:55

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OCT 13 2022
DIVISION OF CORPORATE AFFAIRS
HARTFORD, CT

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FZK Investors, 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:

Jake Fleischer

Name of Person

Magic City Title

Firm/Company

888 E. las Olas Blvd. Suite 502

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Closings@magictitle.com

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

For further information concerning this matter, please call:

Jonathan Leder

at (305) 514-0622

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 10/07/22

NAME: FZK INVESTORS, LLC

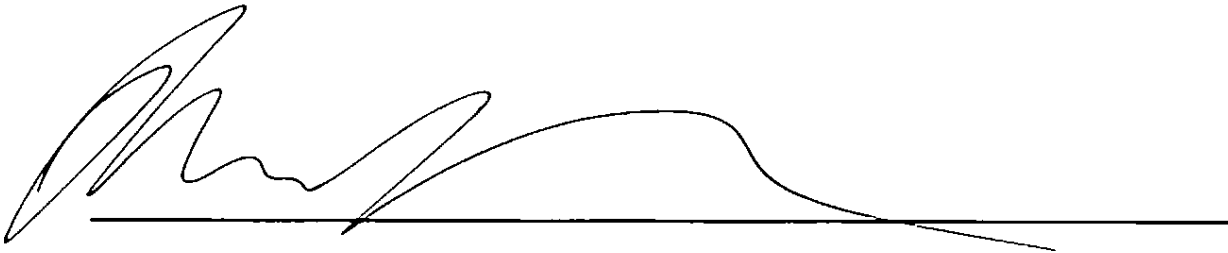
TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 12 PM 2:05

FALL 11 2022 FLORIDA

October 9, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: FZK, LLC
Ref. Number: W22000127601

We have received your document for FZK, LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000121004.

The name on the articles and the name on the cover letter are not the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 022A00022529

Please keep original file date

Thank you =)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FZK Investors, 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:

888 E. Las Olas Blvd

Suite 502

Fort Lauderdale, FL 33301

Mailing Address:

888 E. Las Olas Blvd.

Suite 502

Fort Lauderdale, FL 33301

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:

Jonathan Leder PLLC

Name

1717 N. Bayshore Drive Suite 215

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

Miami

FL

33301

City

State

Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT -7 PM 3:43

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Fredelle Zaga Kalach

9705 COLLINS AVE UNIT 1001

BAL HARBOUR, FL 33154

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT -7 PM 3:43

(Use attachment if necessary)

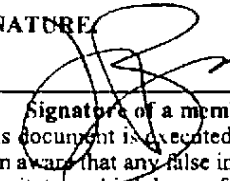
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Joshua Berman, Attorney

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)