

L23000195408

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

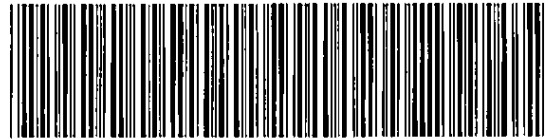
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100405518621

03/29/23--01004--007 \*\*155.00

**COVER LETTER**

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

**SUBJECT:** B Z Realty  
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:

H. Bud Zito

Name of Person

B Z Realty

Firm/Company

1911 Hollybrooke Rd.

Address

Edgewater, FL 32141

City/State and Zip Code

budmarz@hotmail.com

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

For further information concerning this matter, please call:

H. Bud Zito

631

774-9385

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BZ Realty 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:**

1911 Hollybrooke Rd. Edgewater Fl. 32141

1911 Hollybrooke Rd. Edgewater, Fl. 3214

**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:

Amanda Scotti

Name

1911 Hollybrooke Rd.

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

Edgewater

Florida

32141

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

H. Bud Zito

AMBR

Amanda Scotti

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Mar 15, 2023. (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.

H. Bud Zito

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)

Form <b>SS-4</b> (Rev. December 2019) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.	UMB NO. 1343-0000 <b>EIN</b>  112287007
----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested Hamlet C. Zito				
	<b>2</b> Trade name of business (if different from name on line 1) BZ Realty		<b>3</b> Executor, administrator, trustee, "care of" name H. Bud Zito		
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) 1911 Hollybrooke Rd		<b>5a</b> Street address (if different) (Don't enter a P.O. box.)		
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions) Edgewater Fl. 32141		<b>5b</b> City, state, and ZIP code (if foreign, see instructions)		
	<b>6</b> County and state where principal business is located Volusia, Florida				
	<b>7a</b> Name of responsible party Hamlet C. Zito		<b>7b</b> SSN, ITIN, or EIN 112287007		
	<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members <span style="float: right;">2</span>		
	<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>9a</b> Type of entity (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.				
	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Sole proprietor (SSN) <span style="float: right;">112287007</span>  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation (enter form number to be filed) ▶  <input type="checkbox"/> Personal service corporation  <input type="checkbox"/> Church or church-controlled organization  <input type="checkbox"/> Other nonprofit organization (specify) ▶  <input type="checkbox"/> Other (specify) ▶         </div> <div style="width: 48%;"> <input type="checkbox"/> Estate (SSN of decedent)  <input type="checkbox"/> Plan administrator (TIN)  <input type="checkbox"/> Trust (TIN of grantor)  <input type="checkbox"/> Military/National Guard  <input type="checkbox"/> Farmers' cooperative  <input type="checkbox"/> REMIC  <input type="checkbox"/> Group Exemption Number (GEN) if any ▶         </div> <div style="width: 4%; text-align: center;"> <input type="checkbox"/> State/local government  <input type="checkbox"/> Federal government  <input type="checkbox"/> Indian tribal governments/enterprises         </div> </div>				
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country			
<b>10</b> Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ realtor <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Other (specify) ▶					
<b>11</b> Date business started or acquired (month, day, year). See instructions. March 15, 2023		<b>12</b> Closing month of accounting year December			
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input checked="" type="checkbox"/>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Agricultural 0</td> <td style="width: 33%; text-align: center;">Household 0</td> <td style="width: 33%; text-align: center;">Other 2</td> </tr> </table>		Agricultural 0	Household 0	Other 2	
Agricultural 0	Household 0	Other 2			
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶					
<b>16</b> Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Home Sales					
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," write previous EIN here ▶ 112287007					
<b>Third Party Designee</b>	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
	Designee's name	Designee's telephone number (include area code)			
	Address and ZIP code	Designee's fax number (include area code)			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)			
Name and title (type or print clearly) ▶ Hamlet C. Zito		6317749385			
Signature ▶		Applicant's fax number (include area code)			
Date ▶ 3-12-2023					