

L23000 229 555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

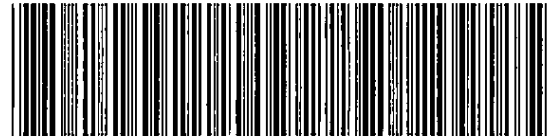
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300405521813

04/21/23--01015--021 **125.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 21 2023 PM 3:48



ICARD MERRILL

ATTORNEYS & COUNSELORS

Robert E. Messick

2033 Main Street
Suite 600
Sarasota, FL 34237
941.953.8114
Fax: 941.366.0718
rmessick@icardmerrill.com
icardmerrill.com

April 18, 2023

VIA USPS FIRST CLASS MAIL

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

Re: Filing Articles of Organization - ZOS Holding, LLC

To whom it may concern:

Please find enclosed our firm's trust account check in the amount of **\$125.00** for filing the Articles of Organization for the above referenced entity.

Should you have any questions or need any additional information or documentation in this matter, please contact our office.

Sincerely,

ICARD, MERRILL, CULLIS, TIMM,
FUREN & GINSBURG, P.A.

Katherine E. McCurdy
Paralegal to Robert E. Messick, Esq.

KM
Enclosure(s)

COVER LETTER

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

SUBJECT: ZOS HOLDING, 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 E. Messick, Esq.

Name of Person

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Firm/Company

2033 Main Street, Suite 600

Address

Sarasota, FL 34237

City/State and Zip Code

rmessick@icardmerrill.com

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

For further information concerning this matter, please call:

Robert E. Messick, Esq.

941

366-8100, ext. 222

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:

ZOS HOLDING, 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:

6601 S. Tamiami Trail, Unit #177

Sarasota, FL 34231

Mailing Address:

6601 S. Tamiami Trail, Unit #177

Sarasota, FL 34231

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 E. Messick, Esq.

Name

2033 Main Street, Suite 600

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

Sarasota

FL

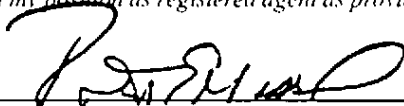
34237

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
JAN 21 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Zachary Morley

10325 Canaveral Circle

Sarasota, FL 34241

(Use attachment if necessary)

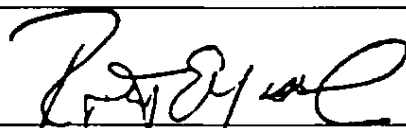
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 E. Messick, Esq.

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)