

01/25/2024 11:15

From: 13054455384

Seth Joseph Law Web Fax

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1/25/24, 11:10 AM

Division of Corporations

L24000042025
Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SETH Z JOSEPH, P.A.

Account Number : I20220000035

Phone : (305)445-5383

Fax Number : (305)445-5384

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

HSZF Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2024 JAN 25 PM 1:37
2024 JAN 25 AM 3:22
SECRETARY OF STATE
TALLAHASSEE, FL

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HSZF Holdings, 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:

629-A EAST HILLSBORO BLVD

DEERFIELD BEACH, FL 33441

Mailing Address:

629-A EAST HILLSBORO BLVD

DEERFIELD BEACH, FL 33441

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:

KAREN JODAT

Name

629-A EAST HILLSBORO BLVD.,

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

DEERFIELD BEACH

FL

33441

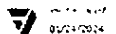
City

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..

Karen Jodat



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JAN 25 AM 3:22
STATE OF FLORIDA
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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

HOFFMAN, CARY

629-A EAST HILLSBORO BLVD DEERFIELD
BEACH, FL 33441AMBR

ZLATKIN, MICHAEL

629-A EAST HILLSBORO BLVD DEERFIELD
BEACH, FL 33441AMBR

SANDERS, TIMOTHY G

629-A EAST HILLSBORO BLVD DEERFIELD
BEACH, FL 33441AMBR

FELSBURG, GRAY J

629-A EAST HILLSBORO BLVD
DEERFIELD BEACH, FL 33441

(Use attachment if necessary)

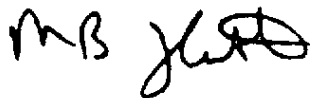
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:2024 JAN 25 AM 3:22
SECRETARY OF STATE
TALLAHASSEE FL

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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.

MICHAEL B. ZLATKIN

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)