

Division of Corporations Page 1 of 1
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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.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 19 PM 9:00

FILED

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

Email Address: _____

Foreign Limited Liability Company
ZOD INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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14 NOV 19 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help



November 18, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLSTATE CORPORATE SERVICES CORP

SUBJECT: ZOD INVESTMENTS, LLC
REF: W14000069400SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 19 AM 9:00

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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 of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L11000037266.

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) 245-6051.

Tammie Cline
Regulatory Specialist II

FAX Aud. #: H14000265892
Letter Number: 414A00024422

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14 NOV 14 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF INFORMATION SERVICES

H/140002658923

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Allstate Corporate Services Corp.

Name of Person

1222 Avenue M, Suite 301

Firm/Company

Address

Brooklyn, NY 11230

City/State and Zip Code

sal@acs123.com

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

For further information concerning this matter, please call:

Naomi Ostopowicz

Name of Contact Person

at (800) 906-9220

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2014 NOV 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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H/140002658923

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **ZOD INVESTMENTS, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ZAUD INVESTMENTS, LLC.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **New York**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **N/A**

(FBI number, if applicable)

4. **UPON REGISTRATION**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **480 South Beach Road, Hobe Sound, FL 33480**

(Street Address of Principal Office)

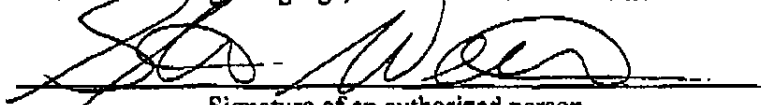
6. **480 South Beach Road, Hobe Sound, FL 33480**

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

(AMBR)- Michael Shirzad, 480 South Beach Road, Hobe Sound, FL 33480

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true. 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.)

STEVEN WEISS, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

H 140002658923

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED
AGENT IN THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 19 PM 9:00

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1. The name of the Limited Liability Company is:

ZOD INVESTMENTS, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Michael Shirzad

(Name)

480 South Beach Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Hobe Sound

FL

33480

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, Florida Statutes.


Michael Shirzad, Assistant Secretary

H. 14000261-8923

**State of New York
Department of State } ss:**

I hereby certify, that ZOD INVESTMENTS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/30/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 11/17/2005.

A Biennial Statement was filed 11/02/2007.

A Biennial Statement was filed 10/13/2009.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 14th day of November
two thousand and fourteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

