

M1900000974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

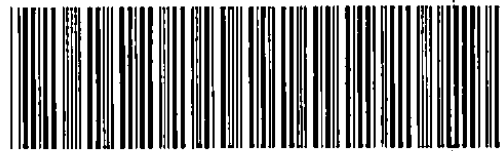
(Document Number)

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

Special Instructions to Filing Officer:

W19 000000974

Office Use Only



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10/09/19--01002--014

OCT 15 2019  
M. SOLOMON

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ZOZO INVESTMENTS LLC

Signature \_\_\_\_\_

Requested by: Seth

10/14/19

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_ Cert. Copy \_\_\_\_\_

\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_ Courier \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2019

CAPITAL CONNECTION, INC.

SUBJECT: ZOZO INVESTMENTS LLC  
Ref. Number: W19000089930

We have received your document for ZOZO INVESTMENTS LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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 Registered Agent's name needs to be the complete full legal name of the person who is designated. Initial are not sufficient. L14000169384, Zo-Zo Investments LLC, is the name conflict.

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

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 619A00020745

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2020 INVESTMENTS LLC  
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:

SUZANNE BAHAN  
Name of Person

2020 INVESTMENTS LLC  
Firm/Company

173 OLD SAN CARLOS BLVD  
Address

FORT MYERS BEACH, FL 33931  
City/State and Zip Code

SUZIE@SOUTHSEASTRADER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE BAHAN at (386) 527-2370  
Name of Contact Person 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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$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

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

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

1. 2020 INVESTMENTS LLC

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

ZDEY 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. DELAWARE

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

3. 84-3240875

(FEI number, if applicable)

4. 11-1-2019

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

5. 173 OLD SAN CARLOS BLVD

(Street Address of Principal Office)

FORT MYERS BEACH,

FLORIDA 33931

6. 173 OLD SAN CARLOS

(Mailing Address)

FORT MYERS BEACH

33931

7 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

SUZANNE BAHAN

Office Address:

173 OLD SAN CARLOS BLVD

FORT MYERS BEACH, Florida 33931

(City)

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

S.E. Bahan

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>    | <u>Title or Capacity:</u>           | <u>Name and Address:</u> |
|--|-----------------------------|-------------------------------------|--------------------------|
| <input type="checkbox"/> Manager           | Name: <u>SUZANNE BAHAN</u>  | <input type="checkbox"/> Manager    | Name: _____              |
| <input checked="" type="checkbox"/> Member | Address: <u>173 OLD SAN</u> | <input type="checkbox"/> Member     | Address: _____           |
| <input type="checkbox"/> Authorized        | <u>CARLOS BLVD</u>          | <input type="checkbox"/> Authorized | _____                    |
| Person                                     | <u>FORT MYERS BEACH, FL</u> | Person                              | _____                    |
| <input type="checkbox"/> Other             | <u>33931</u>                | <input type="checkbox"/> Other      | _____                    |
| <input type="checkbox"/> Manager           | Name: _____                 | <input type="checkbox"/> Manager    | Name: _____              |
| <input type="checkbox"/> Member            | Address: _____              | <input type="checkbox"/> Member     | Address: _____           |
| <input type="checkbox"/> Authorized        | _____                       | <input type="checkbox"/> Authorized | _____                    |
| Person                                     | _____                       | Person                              | _____                    |
| <input type="checkbox"/> Other             | _____                       | <input type="checkbox"/> Other      | _____                    |
| <input type="checkbox"/> Manager           | Name: _____                 | <input type="checkbox"/> Manager    | Name: _____              |
| <input type="checkbox"/> Member            | Address: _____              | <input type="checkbox"/> Member     | Address: _____           |
| <input type="checkbox"/> Authorized        | _____                       | <input type="checkbox"/> Authorized | _____                    |
| Person                                     | _____                       | Person                              | _____                    |
| <input type="checkbox"/> Other             | _____                       | <input type="checkbox"/> Other      | _____                    |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and of the translator must be submitted)

10. 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.

S.E. BAHAN  
Signature of an authorized person  
SUZANNE E. BAHAN  
Typed or printed name of signer

# Delaware

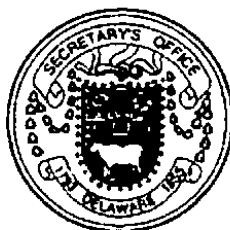
The First State

Pag

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZOZO INVESTMENTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZOZO INVESTMENT LLC" WAS FORMED ON THE SECOND DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7637130 8300

SR# 20197432767

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 2037

Date: 10