

SECRETARY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2023

ADAM SEKER
1 BONA CT
PARK RIDGE, NJ 07656 US

SUBJECT: ZIN HOME LLC
Ref. Number: W23000163417

We have received your document for ZIN HOME 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 423A00027840

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZIN HOME 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:

ADAM SEKER

Name of Person

Firm/Company

2719 Hollywood Blvd # L-200

Address

HOLLYWOOD FL ~~32000~~ 33020

City/State and Zip Code

ADAM@ZINHOME.COM

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

For further information concerning this matter, please call:

ADAM SEKER

201

982-3732

at (_____))

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

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

2. NEW JERSEY 3. 20-0665103
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-01-2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2719 Hollywood Blvd # L-200 6. 2719 Hollywood Blvd # L-200
(Street Address of Principal Office) (Mailing Address)

HOLLYWOOD HOLLYWOOD

FL 32020 FL 32020

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

Name: Adam Seker

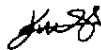
Office Address: 2719 Hollywood Blvd # L-200

Hollywood, Florida 32020
(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 place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

XX



(Registered agent's signature)

FILED
2024 JAN 19 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FL

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

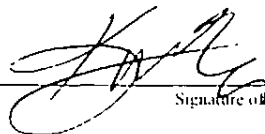
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: DANIEL MITANNI	<input checked="" type="checkbox"/> Manager	Name: ADAM SEKER
<input type="checkbox"/> Member	Address: 16900 NORTH BAY 1605	<input type="checkbox"/> Member	Address: 1 BONA CT
<input type="checkbox"/> Authorized	SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Authorized	PARK RIDGE NJ 07656
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<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	<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	<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. Non-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 in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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.

xxx



Signature of an authorized person

ADAM SEKER

Typed or printed name of signee

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

ZIN HOME, LLC.
0600189889

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 12, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

*ADAM K. SEKER
1 BONA CT
PARK RIDGE, NJ 07656-2409*

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on February 01, 2023.

MANAGING MEMBER

*Adam K Seker
1 BONA CT
PARK RIDGE, NJ 07656-2409*

MANAGING MEMBER

*Daniel Mitanni
16900 N BAY RD
APT 1605
SUNNY ISLES BEACH, FL 33160*