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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813)229-7600
Fax Number : (813)229-1660

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

Email Address: Zohoury Properties @ hotmail . com

FLORIDA PROFIT/NON PROFIT CORPORATION
ZP Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

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OCT 03 2016

T. SCOTT

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ZP Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
101 E Kennedy Blvd, Ste 2800, Tampa, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any business permitted by law.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa M. Zohoury, Pres., Treas., Director

Address 101 E Kennedy Blvd, Ste 2800
Tampa, FL 33602

Name and Title: _____

Address: _____

Name and Title: Nassar Zohoury, V.P., Sec., Director

Address 101 E Kennedy Blvd, Ste 2800
Tampa, FL 33602

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Bruce H. Gordon

Address: 101 E Kennedy Blvd, Ste 2800

Tampa, FL 33602

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Bruce H. Gordon

Address: 101 E Kennedy Blvd, Ste 2800

Tampa, FL 33602

ARTICLE VIII EFFECTIVE DATE

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 or 90 business days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

BH Gordon
Required Signature/Registered Agent

9/30/16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

BH Gordon
Required Signature/Incorporator

9/30/16
Date

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