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(Business Entity Name)

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DIVISION OF CORPORATIONS
2016 OCT 14 PM 2:15

[Signature] 10/17/16

LAW OFFICES
ROBERT J. SLOTKIN

ROBERT J. SLOTKIN, ESQ.

Robslotkin@aol.com

September 29, 2016

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
2016 OCT 14 PM 2:15

RE: Robert J Slotkin PA P07000103701
ZAP operating LLC L10000019076
GZNRB LLC L11000025986
FAM Florida investments LLC L14000009238
Konsul Office Products Inc. 643731

Dear Sir or Madame,

I am the Registered Agent and Attorney for the following five (5) entities. I do not intend to reinstate these names or revoke the dissolution, and I respectfully request that you release these names:

Robert J Slotkin PA	P07000103701
ZAP operating LLC	L10000019076
GZNRB LLC	L11000025986
FAM Florida investments LLC	L14000009238
Konsul Office Products Inc	643731

Per your instruction to me over the phone, I am enclosing new Articles of Incorporation or Articles of Organization for each entity name, together with five checks #4718-4722 one for each entity.

Thank you for your assistance.

Very truly yours,

Robert J. Slotkin
For the Firm
RJS/rm

enclosures

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ROBERT J. SLOTKIN, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ROBERT J. SLOTKIN

Name (Printed or typed)

633 SOUTH ANDREWS AVENUE, SUITE 201

Address

FORT LAUDERDALE, FL 33301

City, State & Zip

954-564-6999

Daytime Telephone number

ROBSLOTKIN@AOL.COM

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

NOTE: Please provide the original and one copy of the articles.

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: ROBERT J. SLOTKIN, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

633 SOUTH ANDREWS AVENUE, SUITE 201

FORT LAUDERDALE, FL 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: legal services; all lawful activity

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SLOTKIN, ROBERT J. , ESQ., PRES

Name and Title: SLOTKIN, ROBERT J. , ESQ., SEC.

Address 633 SOUTH ANDREWS AVENUE

Address: 633 SOUTH ANDREWS AVENUE

SUITE 201

SUITE 201

FORT LAUDERDALE, FL 33301

FORT LAUDERDALE, FL 33301

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: SLOTKIN, ROBERT J.

Address: 633 SOUTH ANDREWS AVE, SUITE 201

FORT LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ROBERT J. SLOTKIN

Address: 633 SOUTH ANDREWS AVE, SUITE 201

FORT LAUDERDALE, FL 33301

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



Required Signature/Registered Agent

10/5/16

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.



Required Signature/Incorporator

10/5/16

Date

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