

P24000042965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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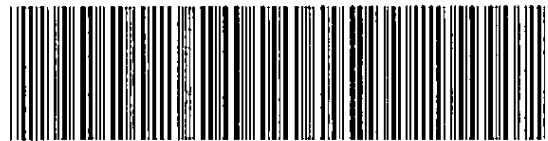
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/25/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1266659

ORDER ENTITY
ZDP CONSULTING INC

PLEASE PERFORM THE FOLLOWING SERVICES:
ZDP CONSULTING INC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: ZDF CONSULTING INC
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

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FROM: SUNDOC FILINGS
Name (Printed or typed)

7801 FOLSOM BLVD, SUITE 202
Address

SACRAMENTO, CA 95826
City, State & Zip

888-595-2747
Daytime Telephone number

TWHITE@SUNDOCFILINGS.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: ZDF CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2640 HOLLYWOOD BLVD, 212
HOLLYWOOD, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DORIN ZARFATI, DIRECTOR

Name and Title: DORIN ZARFATI, PRESIDENT

Address: 2640 HOLLYWOOD BLVD, 212
HOLLYWOOD, FL 33020

Address: 2640 HOLLYWOOD BLVD, 212
HOLLYWOOD, FL 33020

Name and Title: DORIN ZARFATI, SECRETARY

Name and Title: DORIN ZARFATI, TREASURER

Address: 2640 HOLLYWOOD BLVD, 212
HOLLYWOOD, FL 33020

Address: 2640 HOLLYWOOD BLVD, 212
HOLLYWOOD, FL 33020

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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: DORIN ZARFATI
Address: 2640 HOLLYWOOD BLVD, 212
HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DORIN ZARFATI
Address: 2640 HOLLYWOOD BLVD, 212
HOLLYWOOD, FL 33020

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 days prior or 90 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

/S/DORIN ZARFATI

Required Signature: Registered Agent

06/25/24

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.

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CLERK OF COURT
JUL 25 2024