

7/23/24, 4:17 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

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Email Address: \_\_\_\_\_

2024 JUL 23 PM 5:09

CORPORATIONS  
SPECIAL  
SERVICES  
TALLAHASSEE, FL

## FLORIDA LIMITED LIABILITY CO.

NZ Media Consulting, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

2024 JUL 23 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

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## ARTICLES OF ORIGATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I NAME

The name of the Limited Liability Company is: **NZ Media Consulting, LLC**

### ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

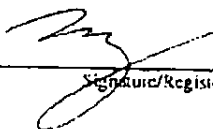
The physical place of business and mailing address is:

Physical and Mailing Address:  
878 Callista Cay loop  
Tarpon Springs, FL 34689

### ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: Norman G. Zizoff, IV  
878 Callista Cay loop  
Tarpon Springs, FL 34689

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

  
\_\_\_\_\_  
Signature/Registered Agent

7.19.24

\_\_\_\_\_  
Date

### ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

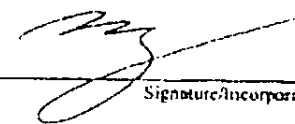
Norman G. Zizoff, IV – Manager  
878 Callista Cay loop  
Tarpon Springs, FL 34689

### ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

  
\_\_\_\_\_  
Signature/Incorporator/MGR.  
**Norman Zizoff**  
\_\_\_\_\_  
Printed name of Signer

7.19.24

\_\_\_\_\_  
Date

2024 JUL 23 PM12:37

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