

LO6000065156

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H06000167669 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

FILED  
06 JUN 27 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

zenahir cure llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
06 JUN 27 PM 1:08  
DIVISION OF CORPORATION

Electronic Filing Menu Corporate Filing Menu Help

3

H06000107669

**ARTICLES OF ORGANIZATION  
OF  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**ZENAHIR CURE LLC**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principle office of the Limited Liability Company is:

**PRINCIPAL OFFICE ADDRESS:**

10800 NW 82 TERR UNIT # 1  
DORAL, FL 33178

**MAILING ADDRESS:**

10800 NW 82 TERR UNIT # 1  
DORAL, FL 33178

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**ZENAHIR CURE**  
(NAME)

**10800 NW 82 TERR**  
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

**DORAL, FL 33178**  
CITY, STATE, AND ZIP

FILED  
06 JUN 27 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 608, F.S.

  
\_\_\_\_\_  
REGISTERED AGENT SIGNATURE

H06000107669

TOTAL P. 03

406000101669

**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= ZENAHIR CURE, 10800 NW 82 TERR UNIT # 1 DORAL FL 33178

MGR= ZENDIE PATIÑO, 10800 NW 82 TERR UNIT # 1 DORAL FL 33178

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**ZENAHIR CURE**

Typed or printed name of signor

FILED  
06 JUN 27 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

406000101669