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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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PINISION OF CORPORATIONS

COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: ZB2 Er	nterprises LLC		
		Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
Harry D. E			
	(1	Name of Person)	
ZB2 Enter	prises LLC		
	(1	Firm/Company)	
17152 33	RD RD N		OT MAY 14
		(Address)	3
LOXAHA	ATCHEE FL 334	70 3613	14 5
	(City)	/State and Zip Code)	PH
For further information of	concerning this matter, please	call:	07 MAY 14 PH 2: 05
Harry Bailey		at (678) 887-76	70
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ZB2 Enterprises LLC	
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17152 33RD RD N	2618 Stockbridge Way
LOXAHATCHEE FL 33470 3613	
	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Retine Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Recommendation (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Harry D. Bailey 17152 33RD RD	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Recommendation (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Harry D. Bailey 17152 33RD RD	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: Name N street address (P.O. Box NOT acceptable)

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Ma "MGRM" = N	inager Managing Member	Name and Address:	
MGR		Harry D. Bailey 17152 33RD RD N LOXAHATCHEE FL 33470 3613	
			<u> </u>
			DIVISION O
			
			PH 2:
•	nent if necessary)		17 MAX 4 PH 2: 05 (IONAL)
ICLE V: Effect effective date i 90 days after th	tive date, if other than the is listed, the date must ne date of filing.)		ΓΙΟΝΑL)
ICLE V: Effect effective date i 90 days after th	tive date, if other than this listed, the date must	ne date of filing: (OP)	ΓΙΟΝΑL)
ICLE V: Effect effective date i 90 days after th	tive date, if other than the is listed, the date must be date of filing.) SIGNATURE: Signature of a memily (In accordance with seconds)	be specific and cannot be more than five businessection 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury	ΓΙΟΝΑL)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)