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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to F CORRECTION CONVERSATION CHRISTINE		PER 11/18/2013 KS
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJE	CT:	ZIPNEY LLC		
		ZiPNey LLC Name of Limit	ted Liability Company	
The enc	losed Articles o	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corres	pondence concerning this mate	ter to the following:	
-		Christine La	rdieri Name of Person	·
_	<del></del>	Zipney		
		J	Firm/Company	
_	<u> </u>	2710 Del	Prado Blud.	2-105
_		Cape Coro	LL, FL 3390L y/State and Zip Code	
_		E-mail address: (to be used to	c A me. com for future annual report notification)	
For furti	ner information	concerning this matter, please	call:	
<u>Ch</u>	ristine Name	Lardieri	at ( 239 ) 440-6 Area Code & Daytime Telep	R Lolo 9 hone Number
Enclose	ed is a check f	or the following amount:		
\$125.0	0 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 Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Zipney LLC (Must end with the words "Limited Liabili	
(Must end with the words "Limited Liabili	ly Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1404 Viscaya PKWY	2710 Del Prado Blud
Cape Coral, FL 33990	2-105 Cape Coeal, FL 33904
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	egistered agent are:
<u>Christine</u> L	water 2
2710 Del F Florida street add Cape Coral	Prado Blvd 2-105 ress (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Christine Lardieri 2710 Del Prado Blvd 2-105 Cape Coral, FL 33904	
MGRM	John Miner 2710 Del Prado Blud 2-105 Cape Coral, FL 33904	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	te of filing: 11-7-2013 (OPTIONAL) e specific and cannot be more than five business days	
REQUIRED SIGNATURE:		
Christer	re Lardieri	
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. 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.)

Christine Lardieri
Typed or printed name of signee

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)