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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A&D Zephinin LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Didier Rodney Zephirin Name of Person
AlD Zephiria LLC Firm/Company
19234 NW 12th court
Address
Penbroke Piner FL 33029
Penbroke finer FL 33029  City/State and Zip Code  Didier Zephiring Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Didier Zephicin at (954) 648-9833  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{c} \$\begin{array}{c} \$130.00 Filing Fee & \$\begin{array}{c} \$155.00 Filing Fee & \$\begin{array}{c} \$\$Certificate of Status & \$\begin{array}{c} \$Certified Copy & \$Certified Copy
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

A&D Zephirin LLC (Must end with the words)	'Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
19234 N.W. 12th Court Pembroke Piner, FL 33029	19234 N.W. 12th Const forbook Priv, De 33029	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Agent. You must designate an individual or	W. St. Commen
(The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	egistered agent are:	
(The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	egistered agent are:	E STATE OF THE STA
(The Limited Liability Company cannot serve as another business entity with an active Florida re  The name and the Florida street address of the re  Didier Roda  19234 N.W.	egistered agent are:	-

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	19234 NW Part Court Perforte Piner, FC 33029
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	Aria Aria Aria Aria Aria Aria Aria Aria
	م الارتج
E V: Effective date, if other than the da ective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the datective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	te of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date to the date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	te of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90
REQUIRED SIGNATURE:  Signature of a finance of constitutes a third degree feloconstitutes at third degree feloconstitutes at the constitutes at the	te of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90  number or an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  105.0203 (1) (b) and the document to the Department of State only as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date ective date is listed, the date must be soffiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a figure o	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90  period of the period of this document der the penalties of perjury that the facts stated herein are true.  permation submitted in a document to the Department of State