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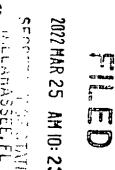
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PICK-UP	WAIT MAIL
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Special Instructions to Filing	a Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: ZANA TYUCKI Name of Limited Li	ng LLC iability Company	
The enclosed Articles of Organization and fee(s) are submitted Please return all correspondence concerning this matter to Tesfay Nar		wahd word
ZANATRUCK	CING LLC	
7642 old King	Address	
1-01 - 1 T 0/07/00001	32217 Itate and Zip Code I. COM future annual report notification)	
For further information concerning this matter, please cal	1:	
	Code Daytime Telephone Nu	mber
Enclosed is a check for the following amount: [25125.00 Filing Fee	Certified Copy	□\$160.00 Filing Fee, Certificate of Status & Certified Copy dditional copy is enclosed)
N. W Address	Street Address	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CD 1	ričl.	r i	_ No	13343
ΔK		LI	- , 1.1	HILL .

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

7 ANA TI 76120 Jackson	LUCEMALLE La Kings RDS	LANDA TIBEK 1642 Glacker JOHNSONVILLE	15 KIS 15 KIS 1F L-302)	17
(The Limited Liability Company another business entity with an a	nt, Registered Office. & Register cannot serve as its own Registered etive Florida registration.) address of the registered agent are:	Gelove ward Kings RD S Ex NOT acceptable) P, FL, 37217	SECON NO OF STATE	

Mailing Address:

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)

•	ARTICLE IV- The name and address of each person buth	orized to manage and control the Limited Liability Company:
Λιθγ	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
myr	1 ester Gebreword	Jacksonvice, FL 32717
	<u> </u>	
the dat Note:	effective date is usted, the date must be ap-	of filing:
ARTIC	CLE VI: Other provisions, if any.	
	REOUIRED SIGNATURE:	2022 F
	This document is execu-	nember or an authorized representative of a member. Jack of a member of a member of a member of a member. Jack of the section 605.0203 (1) (b), Florida Statutes, as information submitted in a document to the Department of State of Stat

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)