

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H24000213001 3))



H240002130013ABCN

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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : WEISS SEROTA HELFMAN COLE & BIERMAN PL
 Account Number : 120220000155
 Phone : (305)854-0800
 Fax Number : (305)854-0800

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fgallanza@wsh-law.com

RECEIVED
 2024 JUN 19 PM 3:09
 DIVISION OF CORPORATIONS
 COMMERCIAL
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 DIVISION OF CORPORATIONS
 2024 JUN 19 PM 5:00

FLORIDA LIMITED LIABILITY CO.
Zikim LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ZIKIM LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fabio Giallanza, Esq.

Name of Person

Weiss Serota Helfman Cole & Bierman P.L.

Firm/Company

2800 Ponce de Leon Blvd, Suite 1200

Address

Coral Gables, Florida 33134

City/State and Zip Code

fgiallanza@wsh-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fabio Giallanza 305 854-0800

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUN 19 PM 5:00

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZIKIM LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3951 S Ocean Dr Unit 1903
Hollywood, FL 33019-3053

3951 S Ocean Dr Unit 1903
Hollywood, FL 33019-3053

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Fabio Giallanza, Esq.

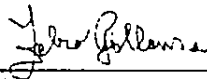
MD

2800 Ponce de Leon Blvd., Suite 1200

Florida street address (P.O. Box NOT acceptable)

Coral Gables Florida 33134
City State Zip

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 his 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, FS*



Registered Agent's Signature **REQUIRED**

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Silvana Debora Berelejis
3951 S Ocean Dr Unit 1903
Hollywood, FL 33019-3053

MGR

James Garbarsky
3951 S Ocean Dr Unit 1903
Hollywood, FL 33019-3053

(Use attachment if necessary)

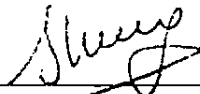
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Silvana Debora Berelejis

Typed or printed name of sign

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)