

L05000068763

Florida Department of State

Division of Corporations

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(((H05000168736 3)))

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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED
05 JUL 12 AM 7:57
DIVISION OF CORPORATION

FILED
05 JUL 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

zontrom, llc

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

HD5000108136

3

ARTICLES OF ORGANIZATION FOR ZONTROM, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: ZonTrom, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1042 North US Highway 1, Suite 2, Ormand Beach, Florida, 32174.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida, 33133.

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, Florida Statutes.


Registered Agent's Signature

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Article IV - Manager(s) or Managing Member(s)

Title
["MGR" = Manager]
["MGRM" = Managing Member]

Name and Address

MGRM

Joseph Robert Wasserstrom
1042 North US Highway 1, Suite 2
Ormand Beach, Florida 32174

Samuel Spencer Blum
ATTORNEY AT LAW

HD5000108136

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(An additional article must be added if an effective date is requested.)

Joseph Wasserstrom
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.)

Joseph Robert Wasserstrom
Typed or printed name of signee

- FILING FEES:**
- \$ 100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (OPTIONAL)
 - \$ 5.00 Certificate of Status (OPTIONAL)

SSB/bps
5190010 Corporate Services Division, Tallahassee, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Samuel Spencer Blum