

**Florida Department of State**  
 Division of Corporations  
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## To:

Division of Corporations  
 Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ZELMAN WEALTH PROTECTION GROUP, LLC**

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF  
ZELMAN WEALTH PROTECTION GROUP, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be: ZELMAN  
WEALTH PROTECTION GROUP, LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for  
which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company:  
1201 BRICKELL AVENUE, STE 610, MIAMI, FL 33131**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
STANLEY FOODMAN  
1201 BRICKELL AVENUE, STE 610, MIAMI, FL 33131**

**ARTICLE V**

**The name of the Managing Member(s) shall be:**

**MANAGING MEMBER  
STAN S. ZELMAN**

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

ZELMAN WEALTH PROTECTION GROUP, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

*Stanley L. Foodman*

Registered Agent

*Stanley L. Foodman*

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.)

STANLEY FOODMAN

Typed or printed name of signee

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