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18 MAR -6 AM 10:20  
TALLAHASSEE, FL  
CLERK OF COURT

N CULLIGAN  
MAR 13 2018

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: ZCM SOLUTIONS, LLC**  
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:

Zenford E. Mitchell

\_\_\_\_\_  
Name of Person

**ZCM SOLUTIONS, LLC**

\_\_\_\_\_  
Firm/Company

7839 NEW HOLLAND WAY

\_\_\_\_\_  
Address

BOYNTON BEACH, FLORIDA 33437

\_\_\_\_\_  
City/State and Zip Code

ZEM.IBIS@VERIZON.NET

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

For further information concerning this matter, please call:

ZENFORD E. MITCHELL @ (301) 613-2115

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code

Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZCM SOLUTIONS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7839 NEW HOLLAND WAY

7839 NEW HOLLAND WAY

BOYNTON BEACH, FL 33437

BOYNTON BEACH, FL 33437

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:

ZENFORD E. MITCHELL

Name

7839 NEW HOLLAND WAY

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

BOYNTON BEACH, FL 33437

\_\_\_\_ 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 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.*

Zenford E. Mitchell  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:

Name and Address:

ZENFORD E. MITCHELL  
MANAGER/ PRESIDENT

7839 NEW HOLLAND WAY  
BOYNTON BEACH, FL 33437

TAMARA L. MITCHELL

WESTCHESTER PARK DRIVE #806

PROGRAM MANAGER

COLLEGE PARK, MD 20740

(Use attachment if necessary)

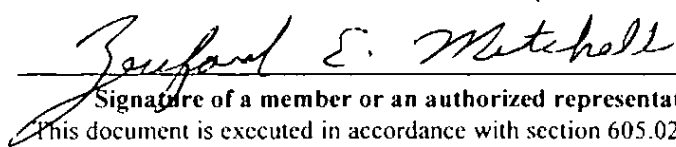
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**ZENFORD E. MITCHELL**

\_\_\_\_\_  
Typed or printed name of signee

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