

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000061393 4)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : SCOTT A. ELK, P.A.

Account Number : 119980000040 Phone : (561)368-8800 Fax Number

: (561)394-3699

LIMITED LIABILITY COMPANY

Z-Flor LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

H01000061393 4

ARTICLES OF ORGANIZATION OF Z-FLOR LLC

The undersigned, for purposes of forming a limited liability company in accordance with the Florida Limited Liability Company Act, do hereby state the following:

- 1. NAME. The name of the limited liability company shall be Z-FLOR LLC (the "Company").
- 2. <u>DURATION</u>. The period of the Company's duration is perpetual from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members, unless extended by its members, or as provided by statute.
- 3. PURPOSE. The purposed for which the Company has been formed is to engage in any lawful act, activity or business not contrary to and for which a limited liability company may be formed under the laws of the State of Florida, and to have and exercise all powers, rights and privileges conferred by the laws of Florida on limited liability companies, including but not limited to the performance of services, buying, leasing or otherwise acquiring and holding, using or enjoying and selling, leasing or otherwise disposing of any interest in any property, real or personal, tangible or intangible, or whatever nature and wheresoever situated, and buying, selling and holding stocks, bonds, or any other security of any issuer as the Company may, at any time and from time to time, deem advisable.
- 4. OFFICE. The mailing address and street address, in the State of Florida where the principal office of the Company is to be located, is:

2000 N.W. 70th Avenue Miami, FL 33152

5. <u>REGISTERED AGENT</u>. The name and address of Company's registered agent; whose Consent to Appointment as Registered Agent is included with this Articles of Organization; is:

James Lebberes 2000 N.W. 70th Avenue Miami, FL 33152

6. <u>ADMISSION OF ADDITIONAL MEMBERS</u>: The Company has three (3) or more members. Additional members may be admitted only on the terms that are unanimously agreed to by all members in the Operating Agreement. The initial members are:

James Lebberes John Lebberes Martin den Dekker

- 7. <u>CONTINUITY</u>. The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.
- 8. <u>MANAGEMENT</u>. The business of the Company will be conducted under the exclusive management and be limited to its members who will vote according to their proportionate interest in the Company and shall have exclusive authority to act for the Company in all matters. The names and address of the members are:

James Lebberes 2000 N.W. 70th Avenue Miami, FL 33152

John Lebberes 1260A Zerega Avenue Bronx, NY 10462

Martin den Dekker 1430 BM Aalsmeer Holland



ORIGINAL APPOINTMENT OF AGENT

The undersigned, being all of the members of Z-Flor LLC., a limited liability company organized under the laws of the State of Florida, hereby appoint James Lebberes, a natural person who is a resident of this State, as registered agent upon whom any process, notice or demand required or permitted by statute to be served upon the Company may be served.

His complete address is:

James Lebberes 2000 N.W. 70th Avenue

Miami, FL 33152

ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory registered agent for Z-Flor LLC, hereby acknowledges and accepts the appointment of registered agent, and is familiar with and accepts the obligations of the position of Registered Agent for the limited liability company.

JAMES LEBBERES (L.S.)

IN WITNESS WHEREOF, we have hereunto subscribed our names to this Certificate of Formation on this 12 day of April 2001.				
•		.S.)		
		<u>.\$.)</u>		
	JOHN LERBERES (L. MARTIN DEN DEKKER	. <u>S.)</u>		
1190 YOU	TALLAH	OI MAY -2		
STATE OF NAW YORK) COUNTY OF BROWN)	SSEE, FI	-2 PM 12: 4		
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state aforesaid and in the County aforesaid, to take acknowledgments, personally appeared James Lebberes,				
personally known to me, or has produced NYS Diver	Ligitudises as identification			
and who executed the foregoing instrument and acknowledged before me that he executed the same.				
WITNESS my hand and official of Hare, 2001.	al seal in the County and State last aforesaid this	day		
	(Signature) (Printed Name) MELODIE POINTING MELODIE POINTING Metapur Public Stope of New York			
My Commission Expires: My Commission No. is:	Na. 03-4988643 Qualified in Bronx County Commission Expires November 12, 4500			
	JOW Lebbene	>		

AY-01-2001 17:28 SAE	561 368 8800 _P.05/05
STATE OF NOW YORK) COUNTY OF BY.) SS:	
) ss:	•
COUNTY OF OX .	
	50 0
I HEREBY CERTIFY that on this day, before m aforesaid and in the County aforesaid, to take acknowled	
Lebberes,	ignionia, personally appeared forms
,	C i .
personally known to me, or	as identification FLO 72.
has produced NYIX. # 908516881	as identification F- RS
and who has executed the foregoing instrument and ackrethe same.	nowledged before me that he executed
MITTATESS were hand and afficial real Lists Count	er and State last afavoraid this 19 day
WITNESS my hand and official seal I the Count of, 2001.	y and State last aloresaid thisday
32001	Mr. Dott
·	(//white Attle 1992)
	Me Love POINTING
1.10/01	APPINIED Named
My Commission Expires: ///	Notary Public, State of New York No. 03-4988643
My Commission No.:	Qualified in Bronx County Commission Expires November 12, 44
STATE OF ()	•
STATE OF (and) ss:	
COUNTY OF)	
I HEREBY CERTIFY that on this day, before me	e an officer duly authorized in the State
aforesaid and in the County aforesaid, to take acknowled	
Dekker,	• • • • • • • • • • • • • • • • • • • •
[] personally known to me, or [] has produced η = Sρ. μ(, ac identification
1 has produced	as incircination
and who has executed the foregoing instrument and ackrethe same.	nowledged before me that he executed
WITNESS my hand and official seal I the Count	used State last aforeseed this 7 a H day
of $\alpha \rho / 1$, 2001.	y and State last aforesaid this 20 14 day
, , , , , , , , , , , , , , , , , , ,	
	(Signature)
	(Bribare Mc)
My Commission Expires:	
My Commission No.:	
aschoophroleaselantssorg.He	
	7/10 - 10 5

Page 4 of 4

#A4000064304 4