

Division of Corporations

LO3000037662

Florida Department of State
Division of Corporations
Public Access System

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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

BZ PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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JB-2-B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BZ PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

3501 DEL PRADO BLVD

SUITE 312

CAPE CORAL, FL 33904

Mailing Address:

16808 93RD STREET

EDMONTON, ALBERTA T5Z 1W9

CANADA

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

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

PAUL L. LARROW

Name

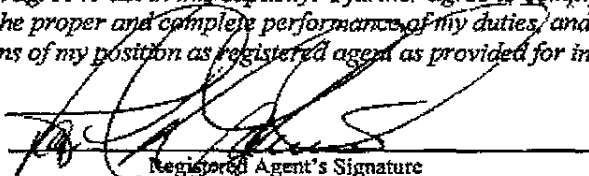
3501-312 DEL PRADO BLVD

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

CAPE CORAL FL 33904

City, State, and 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 608, F.S.



Registered Agent's Signature

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILLIAM ZAPF

16808 93RD STREET

EDMONTON, ALBERTA T5Z 1W9 CANADA

MGRM

TANYA ZAPF

16808 93RD STREET

EDMONTON, ALBERTA T5Z 1W9 CANADA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is Requested.

REQUIRED SIGNATURE:


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.)



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)

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