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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: (Imp Problems Please (all 212-3349 (Linda)) MA.L-Out

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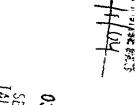


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DIVISION OF CORPORATION





TRANSMITTAL LETTER

	** · · · ·
TO: Registration Section Division of Corporations	
SUBJECT: ZET Enterprises the (Name of Limited Liability Company)	7, TASE 3
(Name of Limited Liability Company)	記る。一
The enclosed Articles of Organization and fee(s) are submitted for filing.	SEP TO
Please return all correspondence concerning this matter to the following:	FLOR T:
(Name of Person)	
LET Enterprises LLC &	Heten 1-1-04 F
8635 Shamesialle Rd	<u>.</u>
City/state and Zip Code)	
For further information concerning this matter, please call:	
200 mills at 85% =	212-3349
(Name of Person) (Area Code & Daytime	Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	- .		
ARTICLE I - Name: The name of the Limited Liability Company is:		03 TA	
Lat Enterpri	ses LLC	FILE FLANAS	_
ARTICLE II - Address:	···	FR. F. D	
The mailing address and street address of the principal	Il office of the Limited Li	ability company is:	1 9
Principal Office Address:	Mailing Address:	7	土里
8635 Shim esvilled			檀
Sall Marce From 32312			_ 1 1
	· +		
ARTICLE III - Registered Agent, Registered Offic	ce, & Registered Agent's	s Signature:	****
The name and the Florida street address of the registe	red agent are:	enter en la companya de la companya	
	111//		

O. Box NOT acceptable)

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..

gent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: And Jem Millson 7: 8635 Shanawill Politics
	Idlahesses, Heida 32312
	
(Use attachment if necessary)	
NOTE: An additional article must be REQUIRED SIGNATURE:	ticle 5 lff date /-/
Signature of a member	er or an authorized representative of a member.
of this document consi that the facts stated he	rection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) Lean Syped 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)