# L040000049a

(Requestor's Name)
(Address)
(Address)
(riddless)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Doorwood New Lond
(Document Number)
Certified Copies Certificates of Status
Ocianos de Joenson Servicios de Joenson Servicios Servic
Special Instructions to Filing Officer:
Varue
A wiability
Document
Examiner 4111
- Office Use Offiy
· · · · · · · · · · · · · · · · · · ·
U vie er
* Verifyer
. Anknowie coerum ut



300025677143

12/23/03--01055--002 \*\*125.00

DIVISION OF CORPORATIONS

red

FF \$125

## TRANSMITTAL LETTER



INAMONIII IAL DELIUR
TO: Registration Section Division of Corporations
SUBJECT: ZVP, 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:
Sophie P. Carter
(Name of Person)
ZVP, LLC (Firm/Company)
(Firm/Company)
7780 SE Needle Palm Circle
(Address)
Hobe Sound, FL 33455 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
777 287-4547
Cali D CANTON

STREET ADDRESS:
Registration Section
Division of Corporations
409 F. Gaines Street
Tallahassee, Florida 32399

(Name of Person)

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

# Articles of Organization Of

ZVP, LLC.

The undersigned certify that we have associated ourselves together for the purpose of forming a LIMITED LIABILITY COMPANY under the laws of the state of Florida, for profit.

## Article I -Name & Principal Place of Business

The name of the limited liability company is: ZVP, LLC., and the mailing address is 7780 SE Needle Palm Circle, Hobe Sound, FL 33455

#### **Article II - Duration**

The duration of the limited liability company shall be perpetual unless terminated by operation of law or as provided in these Articles or the Operating Agreement of the Limited Liability Company.

### Article III -Initial Registered Office & Registered Agent

The mailing address of the initial registered office, and principal place of business, of the limited liability company is 7780 SE Needle Palm Circle, Hobe Sound, FL 33455. The name of the registered agent is Sophie P. Carter.

#### Article IV - Member Restrictions-Admissions

Additional persons or entites may be admitted to the limited liability company as members upon the unanimous consent of the current members and on such terms and conditions as determined by the members and in accordance with these Articles and the Operating Agreement of the limited liability company.

# Article V - Right to Continue Business

On death, withdrawal, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the remaining members shall have the right to continue the business on the consent of the majority (or all) of the remaining members within 90 days of the terminating or dissolving event.

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

#### Article VI- Management

The name and address of each Managing member is as follows:

MGRM: Sophie P. Carter, 7780 SE Needle Palm Circle, Hobe Sound, FL 33455.

MGRM: Richard N. Carter, 7780 SE Needle Palm Circle, Hobe Sound, FL 33455

In witness whereof, the undersigned, being an original member of the limited liability company, certifies that this instrument constitutes the proposed Articles of Organization of ZVP, LLC.

Executed by the undersigned this 11th day of December, 2003

Sophie P. Carter

# Article VII- Registered Agent, Registered Office, & Registered agent Signature

The mailing address of the registered office and principal place of business, of the limited liability company is 7780 SE Needle Palm Circle, Hobe Sound, FL 33455. The name of the registered agent is Sophie P. Carter.

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 appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all the statues 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 provided for in chapter 608 Florida Statutes.

Registered Agent Signature