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TOLSON

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZYRMONTARTZ L.L.C.  
(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:

JOHN J. SULLIVAN  
(Name of Person)

ZYRMONTARTZ L.L.C.  
(Firm/Company)

P.O. BOX 5659  
(Address)

LIGHTHOUSE POINT FL. 33074-5659  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALINKA ZYRMONT at 954 783-0533  
(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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 25, 2004

JOHN J. SULLIVAN  
ZYROMTARTZ L.L.C.  
P.O. BOX 5659  
LIGHTHOUSE POINT, FL 33074-5659

SUBJECT: ZYRMONTARTZ L.L.C.  
Ref. Number: W04000007970

We have received your document for ZYRMONTARTZ L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 804A00012761

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ZYRMONTARTZ, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

2221 N.E. 39 ST.  
LIGHTHOUSE POINT  
FLORIDA 33064

**Mailing Address:**

P.O. BOX 5659  
LIGHTHOUSE POINT  
FLORIDA 33074-5659

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

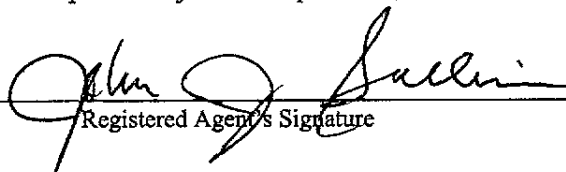
The name and the Florida street address of the registered agent are:

JOHN J. SULLIVAN  
Name

2221 N.E. 39 ST.  
Florida street address (P.O. Box **NOT** acceptable)

LIGHTHOUSE POINT, FLORIDA, 33074  
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, Florida Statutes..*

  
Registered Agent's Signature

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ALBANY, FLORIDA

**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:**

MGR

ALINKA ZYRMONT  
P.O. BOX 5659  
LIGHTHOUSE POINT, FL. 33074-  
5659

MGR

JOHN J. SULLIVAN  
P.O. BOX 5659  
LIGHTHOUSE POINT FL. 33074-  
5659

MGRM

MARGARET LINDSAY  
167 E. HAMPTON "G"  
W. PALM BEACH  
FL. 33417

(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.)

JOHN J. SULLIVAN  
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)