

LO4000025866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

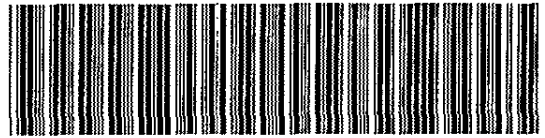
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700031259487

03/29/04--01073--015 **130.00

RECEIVED
TALLAHASSEE FLORIDA

MAR 29 2004

REED

LO4-25866
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZANZIBAR 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:

GARY G. LEE
(Name of Person)

(Firm Company)

2785 S.W. 137 TERRACE
(Address)

MIRAMAR, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY G. LEE at (954) 450-4194
(Name of Person) (Area Code & Daytime Telephone Number)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

QUINCY PM 1:48

FILED

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:

ZANZIBAR LLC

ARTICLE II - Address:

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

Principal Office Address:

2785 S.W. 137 TERRACE

MIRAMAR

FL 33027

Mailing Address:

2785 S.W. 137 TERRACE

MIRAMAR

FL 33027

RECEIVED
OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ON 04/17/09 PM 1:48

FILED

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

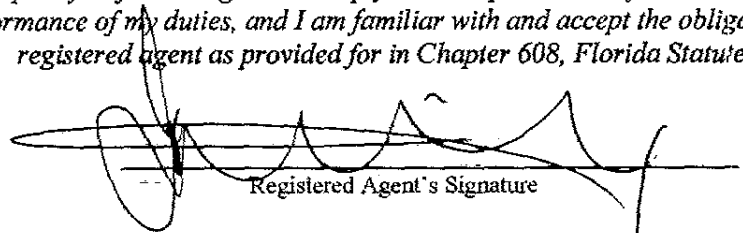
The name and the Florida street address of the registered agent are:

CRICHTON MULLINGS & ASSOCIATES, PA
Name

9000 SHERIDAN ST., SUITE # 125, PEMBROKE PINES,
Florida street address (P.O. Box NOT acceptable)

PEMBROKE PINES, FLORIDA 33024
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

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>GARY LEE</u> <u>2785 S.W. 137 TERRACE</u> <u>MIRAMAR, FL. 33027</u>
<u>MGR</u>	<u>SEBERT LEE</u> <u>2785 S.W. 137 TERRACE</u> <u>MIRAMAR, FL. 33027</u>

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 20 PM 1:48

FILED

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.)

GARY LEE

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)