

L04000026986

2004 APR -2 P 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100031667651

04/02/04--01044--026 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 APR -2 P 3:16

SUBJECT: ZRS LLC.

(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sal Maiwandi

(Name of Person)

ZRS LLC.

(Firm/Company)

13549 Magnolia Park Court

(Address)

Windermere, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul C. Ford

(Name of Person)

at (781) 710-5922

(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**

FILED

2004 APR -2 P 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZRS LLC.

ARTICLE II - Address:

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

Principal Office Address:

13549 Magnolia Park Court

Windermere, FL 34786

Mailing Address:

13549 Magnolia Park Court

Windermere, FL 34786

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

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

Paul C. Ford

Name

13130 Luntz Point Lane

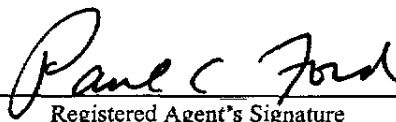
Florida street address (P.O. Box **NOT** acceptable)

Windermere

FLORIDA 34786

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

FILED

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

The name and address of each Manager or Managing Member is as follows: 2004 APR -2 P 3: 16

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Sal Maiwandi

13549 Magnolia Park Court

Windermere, FL 34786

MGRM

Susan Gensheimer

1053 Lascala Drive

Windermere, FL 34786

MGRM

Rubi S. Ford

13130 Luntz Point Lane

Windermere, FL 34786

MGRM

Paul C. Ford

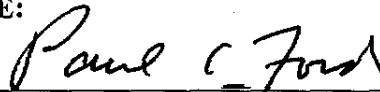
13130 Luntz Point Lane

Windermere, FL 34786

(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.)

Paul C. Ford

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)

L04000026988 FILED

2004 APR -2 P 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



300031250663

04/08/04--01008--005 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER **FILED**

TO: Registration Section
Division of Corporations

SUBJECT:

Jesus Ramirez Painting Service LLC
(Name of Limited Liability Company)
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jesus Ramirez
(Name of Person)

Jesus Ramirez Painting Service LLC
(Firm/Company)

890 Mecca dr. #6
(Address)

Sarasota FL 34234
(City/State and Zip Code)

For further information concerning this matter, please call:

Jesus Ramirez at 941 928-8971
(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**

FILED

2004 APR -2 P 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jesus Ramirez Painting Service LLC

ARTICLE II - Address:

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

Principal Office Address:

890 Mecca dr. #6
Sarasota FL, 34234

Mailing Address:

890 Mecca dr. #6
Sarasota FL, 34234

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

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

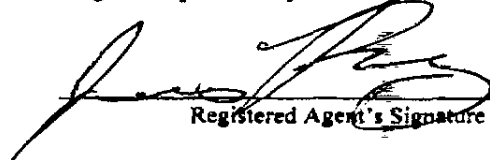
Jesus Ramirez
Name

890 Mecca dr. #6

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

Sarasota FLORIDA 34234
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

FILED

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

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

2004 APR -2 P 3: 18

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Jesus Ramirez
890 Theeda Dr. #6
Sarasota FL 34234

(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.)

Jesus Ramirez

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)