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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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4-16-04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zoran Contracting 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:

Zoran Lukic  
(Name of Person)

Zoran Contracting LLC  
(Firm/Company)

1695 Lee Rd.  
(Address)

Winter Park, FL, 32789  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zoran Lukic at ( 407 ) 304-6463  
(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

04 APR 87 PM 12:43  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Zoran Contracting LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1695 Lee Rd. Winter Park, Fl, 32789

**Mailing Address:**

1695 Lee Rd. Winter Park, Fl, 32789

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

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

Zoran Lukic

Name

1695 Lee Rd.

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

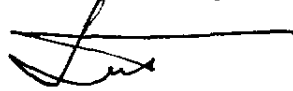
Winter Park, Fl, 32789

FLORIDA

City, State, and Zip

04 APR - 8 PM 12:13  
STATE SECRETARY OF CORP.  
ALL MAILED  
FILED

*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MRG

1695 Lee Rd. Winter Park, FL, 32789

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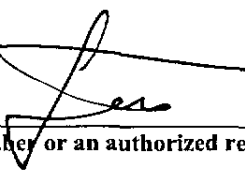
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(Use attachment if necessary)

**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.)

Zoran Lukic

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)**

04/22/08 PM 12:43  
STUDY UNIT 101 RD  
FALL AMASSET 101 RD

ATTORNEY  
AM  
FILE