UN400044173

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	—
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(Document Number)	_
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Certified Copies Certificates of Status	—
Special Instructions to Filing Officer:	٦
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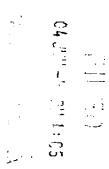
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MJH, 🤻



TRANSMITTAL LETTER

	tration Section on of Corporations		-
SUBJECT:	ZGF Enterprises, LLC		
	(Name of Limi	ted Liability Comp	any)
The enclosed	Articles of Organization and fe	e(s) are submitte	ed for filing.
Please return	all correspondence concerning	this matter to the	e following:
Joseph Eat	on		
	(Name of Person)		
The Ark, Inc	c.		
-	(Firm/Company)		
155 Glenda			,
	(Address)		
Sparks, NV			
	(City/State and Zip Code)		
For further in	formation concerning this matte	er, please call:	
Joseph Eat	on	_ ut \	331-0404
	(Name of Person)	(Area Code	& Daytime Telephone Number)
STREET AD Registration S	Section	Registrat	NG ADDRESS: ion Section of Corporations
Division of Corporations 409 E. Gaines Street		P.O. Box	
Callabassee Florida 32300		Tallahass	see Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
974 Ravine Road North	974 Ravine Road North
Jacksonville, FL 32259	Jacksonville, FL 32259
The name and the Florida street address of Blair Fonda	of the registered agent are:
	Name
Blair Fonda 974 Ravine Road	Name
Blair Fonda 974 Ravine Road	Name North
974 Ravine Road Florida street addr Jacksonville,	Name North ess (P.O. Box <u>NOT</u> acceptable)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manager			
"MGRM" = Manag	nng Member		
MGR		Blair Fonda	
	-	974 Ravine Road North	
		Jacksonville, FL 32259	
	-	Blair Fonda	
		Didii i Olida	
	-		
	-		
(Use attachment if	necessary)		
NOTE: An additi	onal article must	be added if an effective date is requested.	
REQUIRED SIGN	NATURE:		
	110	2	
	Signatura of a mam	ber of an authorized representative of a member.	
	Ū	•	
	(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.)		
	Blair Fonda		
	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)	