

W04000057752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

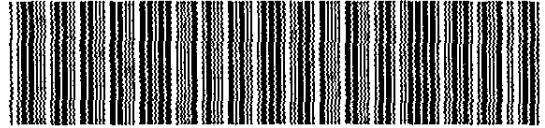
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/03/04--01049--004 \*\*160.00

W04-57752  
OK

**A 2 Z Designs LLC**  
**Austin Zwingelberg**

A 2 Z Designs LLC  
Austin Zwingelberg  
229 South Cove Ter. Dr.  
Panama City, FL 32401  
(850) 381-0703

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

Dear Sirs:

Enclosed is my application, Articles of Organization and fees for incorporation in the state of Florida as a Limited Liability Corporation.

  
Austin Zwingelberg

8/1/04

SEP 1 2004  
10:21 AM  
CORPORATION

FILED

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A 2 Z Designs 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:

Austin Zwingelberg  
(Name of Person)

A 2 Z Designs LLC  
(Firm Company)

229 South Cove Ter Dr.  
(Address)

Panama City, FL 32401  
(City State and Zip Code)

For further information concerning this matter, please call:

Austin Zwingelberg at 850, 381-0703  
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED  
2013 JUN 10 10 58 AM  
CLERK OF CIRCUIT COURT  
PANAMA CITY, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A2Z Designs LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Austin Zwingelberg  
229 South Cove Ter. Dr.  
Panama City, FL 32401

**Mailing Address:**

Austin Zwingelberg  
229 South Cove Ter. Dr.  
Panama City, FL 32401

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

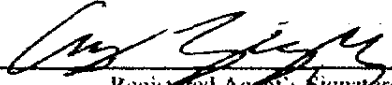
The name and the Florida street address of the registered agent are:

Austin Zwingelberg  
Name

229 South Cove Ter. Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Panama City, FL 32401  
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.*

 8/1/04  
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:**

MGR

Austin Zwingelberg  
229 South Cove Ter Dr.  
Panama City, FL 32401

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

8/1/04

  
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.)

Austin Zwingelberg  
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)