

L04000067602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

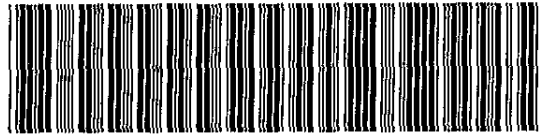
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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REGISTRATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2009/15/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

ARTIST L.L.C
(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:

JEFFREY THACKER / TVN FINANCIAL SVS.
(Name of Person)

TVN FINANCIAL SVS.
(Firm/Company)

5524 Mossy Top Way
(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

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04 SEP 15 11:10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THOMAS V NOVAK SR
(Name of Person)

at (850) 536 3154
(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZRTIST L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

29 AVENUE E #10

29 AVENUE E #10

APALACHICOLA FL 32320

APALACHICOLA FL 32320

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

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

THOMAS V. NOVAK, SR.

Name

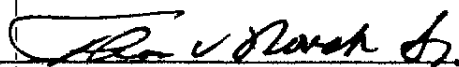
5524 Mossy Top Way

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

Tallahassee FLORIDA 32303

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

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SEP 15 10 25
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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:

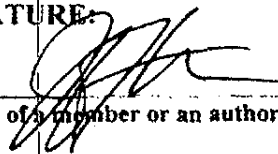
MGR

JEFFREY THACKER
29 AVENUE E #10
APALACHULA FL 32320

(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.)

JEFFREY THACKER

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)

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04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE