

L05000010718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

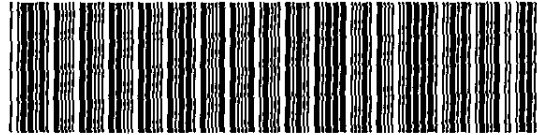
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DIVISION OF CORPORATIONS

05 FEB -2 AM 10:47

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STATE OF FLORIDA

05 FEB -2 PM 12:40

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 177518 5018754

AUTHORIZATION :

COST LIMIT : \$ 155.00

Patricia Pigato

05 FEB -2 PM 12:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 1, 2005

ORDER TIME : 9:28 AM

ORDER NO. : 177518-005

CUSTOMER NO: 5018754

CUSTOMER: Sandra Belo
Mendonca & Suarez L.l.c.
Certified Public Accountants
505 North Broad Street

Elizabeth, NJ 07208

DOMESTIC FILING

NAME: ZACCO LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZACCO LLC

ARTICLE II - Address:

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

Principal Office Address:

9030 One Putt Place
Port St. Lucie, FL 34986

Mailing Address:

C/o Mendonca & Suarez, LLC
505 North Broad Street
Elizabeth, NJ 07208

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

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

Glenn Lane

Name

9030 One Putt Place

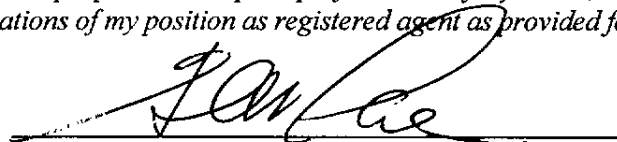
Florida street address (P.O. Box NOT acceptable)

Port St. Lucie, FL 34986

FL

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, F.S.


Registered Agent's Signature

(CONTINUED)

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:

MGRM

Glenn Lane

9030 One Putt Place

Port St. Lucie, FL 34986

(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.)

Glenn Lane

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)