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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		FILED
TT. 10.	d Liability Company)	2005 FEB 24 A 9. SECRETARY OF STA
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Zina M. Ram	Name of Person)	
JZ and Company,	LLC (Firm/Company)	
_3406 Amaca Cir	(Address)	
Orlando, FZ (City	3283 7 /State and Zip Code)	······································
For further information concerning this matter, please	call:	
Zina M. Rambo (Name of Person)	at ( 407) 855 (Area Code & Daytime To	5-6258 elephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

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SECRETÁR) TALLAHASSE	_OF .	STATE	
	E, FL	ORITA	

JZ and Company, LLC

ARTICLE II - Address:

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

**Principal Office Address:** 

**Mailing Address:** 

3406 Amaca Circle Orlando FL 32837

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

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

Joseph D. Rambo

3406 Amaca Circle
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32837

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:	Name and Address:	FILED
"MGR" = Manager "MGRM" = Managing Member		2005 FEB 24 A 9:59
MGRM	3406 Amaca Ci	BOECRETARY OF STATE
MGRM		bo ircle 1837
(Use attachment if necessary)		
NOTE: An additional article must b	oe added if an effective date is	s requested.
In accordance with sect	or an authorized representative of ion 608.408(3), Florida Statutes, the utes an affirmation under the penaltie rein are true.)	execution
<u>loseph</u>	ed 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)