Florida Department of State

Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383
From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335

Account Number: 071001002335
Phone: (305)599-0839
Fax Number: (305)716-0346

LIMITED LIABILITY COMPANY

RZRE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Corporate Filing

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABELITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

RZRE, LLC

ARTICLE II - ADDRESS

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

1750 NW 124th Way Cors! Springs, FL 33071

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

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

Resiven Zfet 1750 NW 124th Way Coral Springs, FL 33071

Having been named as registered agent and to accept service of process for the above stated limited flability 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 end accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

ARTICLE VII - MANAGEMENT (Check if applicable)

__X__ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Signature of a member or an authorized representative of a member.

(in accordance with section 808,408(3), Florida Statutes, the susception of this document constitutes are affirmation under the penalties of perjury that the facts stated herein are true,

Toront or printed name of slunces

Executed this ninth (9th) day of March, 2005.

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