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TRANSMITTAL LETTER

TO: Registration Se Division of Co					
SUBJECT:	3 ZULUS, UC	- 1 Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:					
SELF					
(Firm/Company)					
3	007 GOODWATE	L STLEET			
		(Address)			
***************************************	SALASOTA P	tolia 3423)			
(City/State and Zip Code) For further information concerning this matter, please call:					
ANOLEN	TYACL	at (<u>Qu)</u> <u>Q22</u> S (Area Code & Daytime Te	14 95		
(Name	of Person)	(Area Code & Daytime Te	lephone 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)		
Regist Divisi 409 E	ET ADDRESS: tration Section on of Corporations Gaines Street tassee, Florida 32399	MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F.	ection proporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
3 ZULYS, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
SARABOTA, PLOCUDA ZYZZI	3007 GOODWATEL STREET SALASONA" , PLOCHOA 2423
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
ANOLEW TYAC	<u>r</u>
Name	
3007 GOODWATEL	
•	ress (P.O. Box <u>NOT</u> acceptable)
SARA 807A City. State. a	FL 3423\ nd Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all formance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's	
Page 1 of 2	: 42 RIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana _! "MGRM" = Mar		Name and Address:
MGRM		MOVEN TYPICK 3003 GOODWATER STREET SALASOTA, PLOLUDA
MGRM		GRANT BEATT 7424 STARFISH DRIVE SARASOTA, FLORIDA 34231
MGEM		KEITH GREEN. 7223 TURNSTONE ROAD SARASOTA, PLORIDA 34232
(Use attachment NOTE: An add REQUIRED SI	litional article must be a	ndded if an effective date is requested.
	(In accordance with section of this document constitutes that the facts stated herein	
	* F	

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)