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(City/State/Zip/Phone #)

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EFFECTIVE DATE

4/11/05

04/13/05--01020--017 **130.00

FILED
2005 APR 13 P 4:57
SECRETARY OF STATE
TREASURY

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZCAV International LLC
(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:

Samuel W. Smith
(Name of Person)

ZCAV International LLC
(Firm/Company)

POB 317
(Address)

Anthony, FL 32617
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel W. Smith at (352) 622-7890
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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

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2005 JUN 13 P 4:57
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZCAV International LLC

ARTICLE II - Address:

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

Principal Office Address:

2810 NE 97th St. Rd.

Anthony, FL 32617

Mailing Address:

POB 317

Anthony, FL 32617

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

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

Samuel W. Smith

Name

2810 NE 97th St. Rd.

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

Anthony, FL 32617

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.

Samuel W. Smith

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

Samuel W. Smith

2810 NE 97th St. Rd.

Anthony, FL 32617 USA

ARTICLE V- Operating Agreement:

The operation of the Limited Liability Company shall be in accordance with a Limited Liability Company Operating Agreement endorsed by each original Member of the Limited Liability Company, and which may be amended from time to time by a unanimous vote of the Members.

ARTICLE VI:Effective Date:

The Effective Date of the Limited Liability Company shall be April 11, 2005.

REQUIRED SIGNATURE:

Samuel W. Smith

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.)

Samuel W. Smith

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)

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TALLAHASSEE, FLORIDA