

WS000055931

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

05 JUN -6 PM 2:34

DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JUN -5 PM 10:42

FBI

LIMITED LIABILITY COMPANY

lzc002 llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

WS-5593
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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LZG 002 LLC

Article II - Address:

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

Principal Office Address:

18206 COLLINS AVE

SUNNY ISLES FL 33160

Mailing Address:

18206 COLLINS AVE

SUNNY ISLES FL 33160

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

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

FERNANDO ALPERN

Name

18206 COLLINS AVE

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

SUNNY ISLES FL 33160

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 609, F.S.

Registered Agent's Signature

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ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

U2 HUSSNI

18206 COLLINS AVE.

SUNNY ISLES, FL 33160

(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 608.409(3), Florida Statutes,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

Fernando Arzen

Typed or printed name of signer

2005 JUN -6 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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