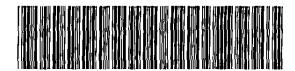
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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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TRANSMITTAL LETTER

	on Section of Corporations		
SUBJECT:	ZARA DEVE	LOPMENT LLC.	
	(Name of Limite	d Liability Company)	
The enclosed Artic	les of Organization and fee(s) are s	submitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
		OBERT MELECH	
	0	Name of Person)	
	(Firm/Company)	
	4301	OAK CIRCLE 6	
		(Address)	
	BOCA RATO	ON , FLORIDA 33431	
	(City.	State and Zip Code)	
For further informa	tion concerning this matter, please	call:	
RC	DBERT MELECH	at (561) 929.3909	
(1	Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a chec	ck for the following amount:		
3 \$125.00 Filing l	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)
	TREET ADDRESS: egistration Section	MAILING A Registration S	
Division of Corporations 409 E. Gaines Street		Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
ZARA DEVELOPM	ENT LLC.	
ARTICLE II - Address:		
	of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
4301 OAK CIRCLE 6	4301 OAK CIRCLE 6	
BOCA RATON	BOCA RATON	
FLORIDA , 33431	FLORIDA , 33431	
430	DI OAK CIRCLE 6 street address (P.O. Box NOT acceptable) FON, FL 33431	
Cit	y, State, and Zip	
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the ab ated in this certificate, I hereby accept the c capacity. I further agree to comply with th aplete performance of my duties, and I am fo as registered agent as provided for in Cha	appointment as ne provisions of all amiliar with and
Registered	d Agent's Signature	057/3-1
(CC	ONTINUED)	-
(5)		/ Y3

Page 1 of 2

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" = Ma	ger naging Member	Name and Address:		
" MGR "		ROBERT MELECH		
		4301 OAK CIRCLE 6		
		BOCA RATON , FLORIDA 33431		
		· · · · · · · · · · · · · · · · · · ·		
	.			
(Use attachment	if necessary)			
NOTE: An add	ditional article must b	e added if an effective date is requested.		
REQUIRED SI	GNATURE:	2. A		
	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.)			
	ROBERT MELECH			
	Туре	d 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)