L05000079593

(F	Requestor's Name)	
(A	ddress)	
	(ddress)	
(0	City/State/Zip/Phone #)	<u>.</u> <u>-</u> .
	☐ WAIT	MAIL
(E	Business Entity Name)	· ·
([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
100	Office Use Only	



100058431061

08/11/05--01021--001 **125.00

OS AUG II AH 10: 47

TRANSMITTAL LETTER

TO: Registration Se Division of Co			214 E		
SUBJECT:	ZACHARY HOLDING			·	
	(Name of Limited	d Liability Company)			
	f Organization and fee(s) are so	•			
•					
	ARA MANOOG	IAN Name of Person)		· - · - ·	
	Ç.	value of 1 orsony			
	ZACHARY HOL	DINGS, LLC			
		Firm/Company)		, , , , , , , , , , , , , , , , , , , ,	
	6151 SE 58TH A	AVENUE	* : - :		
		(Address)	:	OS AUG SELAHI	E
				AH.	SUITE P
	OCALA, FLORII				= 6 · 일 설립 분 참
	(City/	State and Zip Code)	•		
For further information	concerning this matter, please	call:		AM 10: 47	2 19 10 19 10 19
ARA MANOOGI	AN	at (352) 687-830	00 🖫	₽	
(Name	of Person)	(Area Code & Daytime T	elephone Numb	er)	
Enclosed is a check for	or the following amount:				
Ø \$125,00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	_ (II	0 Filing Fee,	
45 \$125,00 1 Haig 1 CC	Certificate of Status	Certified Copy	Certificate	of Status &	
		(additional copy is enclosed)	Certified (additional c	Copy opy is enclosed)	
STRE	ET ADDRESS:	MAILING A	DDRESS:		
Regist	ration Section	Registration S	Section		

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limite	d Liability Compa	any is:
:	ZACHARY HOLDIN	 GS, LLC
ARTICLE II - Address an		the principal office of the Limited Liability Company is:
Principal Office Addr	ess:	Mailing Address:
6151 SE 58TH AVEN	UE	6151 SE 58TH AVENUE
OCALA, FLORIDA 3	3480	OCALA, FLORIDA 33480
	<u>aa waa gaaaa a waa ga</u>	a the state of the
The name and the Flori	ARA MANOO 6151 SE 58TH	Name SS - II
		State, and Zip
liability company at registered agent and ag statutes relating to th	the place designate gree to act in this ca e proper and compl ons of my position a	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S 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:

<u>Title:</u>	Name and Address:	· ·
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	ARA MANOOGIAN	3
	6151 SE 58TH AVENUE	
	OCALA, FLORIDA 34480	
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		<i>₽</i>
		a service of
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(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:	SE US	?
A STORED SIGNATURES	-AH	T
/ 19hu /	ASS	**************************************
Signature of a membe	r or an authorized representative of a member.	
(In accordance with sec of this document consti that the facts stated h	stion 608.408(3), Florida Statutes, the execution tuttes an affirmation under the penalties of perjury erein are true.	
	ANOOGIAN	
Ту	ped 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)