

L05000088525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000059192120

09/06/05--011008--002 \*\*130.00

FILED  
2005 SEP -6 AM 8:36  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

↓ BRYAN SFP 9 2005

36.00

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ZJ Holdings LLC  
(Name of Limited Liability Company)

FILED  
2005 SEP -6 AM 8:36  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J. Acocella  
(Name of Person)

N/A  
(Firm/Company)

1515 N.E. 15<sup>th</sup> Street  
(Address)

Fort Lauderdale, FL. 33304  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Acocella at 954 478-0677  
(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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Z J Holdings LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1515 NE 15<sup>th</sup> Street  
Fort Lauderdale  
Florida 33304

**Mailing Address:**

(Same)

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

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

Robert J. Accella  
Name

1515 NE 15<sup>th</sup> Street  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Lauderdale, FL 33304  
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..*

Robert J. Accella  
Registered Agent's Signature

(CONTINUED)

FILED  
2005 SEP -6 AM 8:36  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**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

MGR

MGRM

**Name and Address:**

Robert J. Acocella

~~4532 NW 11th Place~~

~~Fort Lauderdale, FL 33304~~

Kimberly D. Acocella

~~4532 NW 11th Place~~

~~Fort Lauderdale, FL 33304~~

1515 NE 15th St.

Fort Lauderdale, FL.

33304

FILED  
2005 SEP -6 AM 8:36  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

1515 NE 15th St.  
Fort Lauderdale  
FL.  
33304

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Robert J. Acocella

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 J. Acocella

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)