

L05000112725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

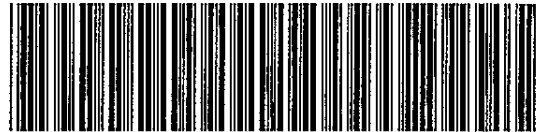
(Document Number)

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

Special Instructions to Filing Officer:

*(Signature)*  
11/22

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV 15 PM 1:44

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AND  
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**Interstate Filing Services Center  
18 East Broadway, 6/FL  
New York, NY 10002**

**Tel.(212)925-9406**

**Fax.(212)925-9405**

November 11, 2005

FL Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Expedite Handling  
**S & Z LLC**

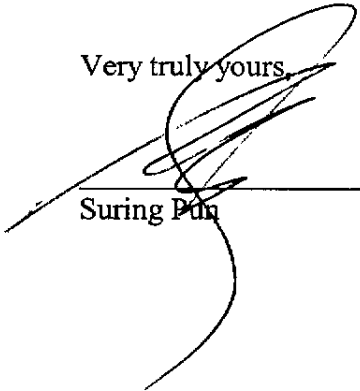
Dear Mr./Ms.

Enclosed please find a set of Articles of organization together with a check in amount of \$155.00. (\$125.00 filing fee and \$30.00 for a certify copy of the Articles of organization).

Please use the enclosed prepaid envelope for the certify copy of the certificate of incorporation.

Should you need any additional information, please do not hesitate to contact me at 212-925-9406.

Very truly yours,

  
Suring Pan

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

S & Z LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

309 MIRACLE STRIP PKY.  
FORT WALTON BEACH, FL 32548

#### Mailing Address:

309 MIRACLE STRIP PKY.  
FORT WALTON BEACH, FL 32548

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SHUN ZHU ZHENG

Name

309 MIRACLE STRIP PKY.

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

FORT WALTON BEACH FL 32548

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..*

SHUN ZHU ZHENG

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

SHUN ZHU ZHENG

309 MIRACLE STRIP PKY.

FORT WALTON BEACH, FL 32548

MGRM

SHUN YING ZHENG

309 MIRACLE STRIP PKY.

FORT WALTON BEACH, FL 32548

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

MARTIN WONG/AUTHORIZED REPRESENTATIVE

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)**