L060000 19315

| (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: |
| |
| |
| 2/201 |

Office Use Only



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02/20/06-01064-004 **160.00

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|---|--|---|-------------|--|
| | Zions Cour | t. LLC | | | |
| SUBJECT: | | ed Liability Company) | | | |
| The enclosed Articles of | of Organization and fee(s) are s | submitted for filing. | | | |
| | pondence concerning this matte | _ | | | |
| | Topola Ra | CC. | | | |
| | Anger be | (Name of Person) | | _ | |
| | | | | | |
| | I | (Firm/Company) | | *** | |
| | 9084 NW 180th Terrace (Address) | | | | |
| | _ | | | | |
| | Higheah, Circ | 7 330 S //State and Zip Code) | | | |
| | (0.5) | , o o 20.p = 0.02.) | | | |
| For further information | concerning this matter, please | call; | Ş | Zgo | |
| Joseph | Buz | at (305) 970 - (Area Code & Daytime To | 5598 | | |
| (Name | e of Person) | (Area Code & Daytime 16 | elephone Number) | • | |
| Enclosed is a check for | or the following amount: | | 5 | ်း လ | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing For Certificate of Status of Certified Copy (additional copy is enclosed) | | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns | | |

06 FEB 20 11110: 44

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | G* |
|---|--|
| The hame of the Emilieu Elability Company is | 5. |
| Zion's Court, | Lic |
| (Must end with the words "Limited Liability Company, "Lim | ited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| | |
| 9084 NW 180th Terr Hideal, FC 33018 | Dane |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) | |
| The name and the Florida street address of the | registered agent are: |
| Joseph Ram | |
| | HOM Tellow DATE (STATE AND AND ACCEPTable) |
| • | FL 380/8 |
| City, State | |

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 popular as registered agent as provided for in Chapter 608, F.S..

Registeredi Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | |
|--|--|--|--|--|
| MGR | Joseph Ben 9084 NW 1881 RM MILMI, FL 33018 | | | |
| MERM | Vosef Yativ 21401 Highland Lakes NmB, Pl 33179 ES & | | | |
| | FEB 20 MM 10: 44 | | | |
| (Use attachment if necessary) | AIE 44 | | | |
| 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: | 13 | | | |
| Signature of a member or an authorized representative of a member. | | | | |
| (In accordance with section of this document constituent that the facts stated here.) | ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.) | | | |
| Type | a or printed name of signee | | | |
| Cities Vesses | - 0 | | | |

Filing Fccs;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)