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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETAR OF STATE



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	(Name of Limited	I Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
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	Q	Name of Person)	
	ZHZ	LLC	_
	(Firm/Company)	200 200
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		(Address)	1 70
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	(City)	State and Zip Code)	2:1
		11-	រ៉ា 🕆
For further information	concerning this matter, please	CSII.	
Julian	Mubinstein	at (561) 65°	4 6010
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(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 and the Florida street 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: Name Florida street address (P.O. Box NOT acceptable) City, State, and Zip Having been named as registered agent and to accept service of process for the above states its buildility company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608, Registered Agent as provided for in Chapter 608,	0.1 1.11.1	2H 7	<u></u>			41102.410
The mailing address and street address of the principal office of the Limited Liability Com Principal Office Address: Mailing Address: Mailing Address: Mailing Address: Mailing Address: 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: Name Florida street address (P.O. Box NOT acceptable) City, State, and Zip Having been named as registered agent and to accept service of process for the above states liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar is accept the obligations of my position as registered agent as provided for in Chapter 608.	(Must end with the wo	ords "Limited Liability Co	ompany, "Limite	d Company" or th	eir abbreviation	*LLC," or "L.C.,")
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"MGR" = Manager "MGRM" = Managing Me:	Name and Address:
MOR	Julian Rubinstein
WPE	BACE BOWN E1 351
WPS	HOWARD EHRUCH 2300 W. SAMPLE RD #215 POMPANO BLACK, FL. 33073
	Lighthouse Pt. FL 33064
	3 • • • • • • • • • • • • • • • • • • •
(Use attachment if necessar	у)
CLE V: Effective date, if oth	er than the date of filing: (OPTIONAL)
CLE V: Effective date, if oth	er than the date of filing: (OPTIONAL) In the must be specific and cannot be more than five business days proved.
CLE V: Effective date, if oth effective date is listed, the date	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days properties.
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CLE V: Effective date, if oth effective date is listed, the date of days after the date of filin REQUIRED SIGNATUR Signature (In accordate of this doc	er than the date of filing: (OPTIONAL) Inter must be specific and cannot be more than five business days progen E:

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

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