P28470001

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone #)	
(0).	.y/Otato/2/p// 110/10 ///	,
PICK-UP	☐ WAIT	MAIL
(D.		
(BL	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	
٠,.		
LLC		(20°)
	Office Use Only	



400077688864

07/19/06--01021--002 **125.00

O6 JUL 28 AMII: 12
SECKETARY OF STATE

Rejul 32426



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2006

SHARI OLEFSON ESQ 15 SE 9TH AVE FT LAUDERDALE, FL 33301

SUBJECT: ZARIAN, LLC Ref. Number: W06000032426

We have received your document for ZARIAN, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod Document Specialist

Letter Number: 806A00046644

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Zana LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shari Olefson, Esquire
Shari Olefson, P. A. (Firm/Company)
15 SE 9th Avenue (Address)
Ft. Laudendale, FL 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
Shani Olefson at 954 467-3519 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ÆΙ	- Nam	e:
--------	----	-------	----

The name of the Limited Liability Company is:

Zarian, 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:	Mailing Address:		
499 Terry Fox Drive, #20	Same as Principal Address		
Kabata, ON K2T 1H7			
c/o Dr. George Karamanokian			

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:

Shari B. Olefson, Esq.	₽SE	90	
Name '	L C	٥	أبالس
15 SE 9th Avenue	IASS	ر 8	6
Florida street address (P.O. Box NOT acceptable)			b
Ft. Lauderdale, FL 33301	L.S.	H	
City, State, and Zip			Campa of

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member 811, INC. MGRM C7o George Karamanokian 499 Terry Fox Drive, #20 Kanata, ON K2T 1H7 (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