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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Filone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|---|--|--|
| SUBJECT: ZETAT | EC LLC | | |
| Sobsect. | (Name of Limited | d Liability Company) | |
| | | ··· | |
| The enclosed Articles of | f Organization and fee(s) are so | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| ZIAD JOSE | EPH SAHAB | | |
| - | (1 | Name of Person) | |
| ZETATEC | LLC | | |
| | | Firm/Company) | Ze Se Ze |
| 1511 S MI | ERIDIAN ST | | 7001 JAN SECRET ALLAHA |
| 1014 0 1011 | | (Address) | SOR - |
| TALL ALLA | 005551 00004 | | TARY OF |
| IALLAHA | SSEE FL 32301 | (Ch. 1 3 7t C . 3 .) | |
| | (City | /State and Zip Code) | ATE |
| For further information | concerning this matter, please | call: | |
| 7/40 10050110 | ALIAD | 950 202.000 | • |
| ZIAD JOSEPH S | of Person) | at (850) 222-082 (Area Code & Daytime To | |
| , | | • | • |
| 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 Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ZETATEC LLC | rds "Limited Liability Company | , "Limited Company" or their abbrevi | ation "LLC | " or "L (| | | |
|---------------------------------|---|---|------------------------------------|-----------|-------------|--|--|
| (Musi ena wim me wo | tus Emmod Eddomy Company | , Ellinted Company of their above to | ation DDC, | , U1 D.V | ~, <i>j</i> | | |
| ARTICLE II - A The mailing addr | | f the principal office of the L | imited Li | ability | Company is: | | |
| Principal Office | Address: | Mailing Address: | | | | | |
| 1514 S MERIDIAN ST | | 1514 S MERIDIAN ST | 1514 S MERIDIAN ST | | | | |
| TALLAHASSEE FL 3 | 32301 | TALLAHASSEE FL 3230 |)1 | | | | |
| | | | | | | | |
| business entity with a | n active Florida registration.) | | Œ₩ | × | 11 | | |
| The name and the | e Florida street address o | ··········· | TARY OF ST ASSEE, FLO | & ∪ | LED | | |
| The name and the | | - | TARY OF STATE ASSEE, FLORID | D | | | |
| The name and the | | Name | TARY OF STATE ASSEE, FLORIDA | & ∪ | | | |
| The name and the | ZIAD JOSEPH SAHAE | Name | ASSEE, FLORIDA (e) | D | | | |
| The name and the | ZIAD JOSEPH SAHAE | Name | ASSEE, FLORIDA (e) | D | | | |
| The name and the | ZIAD JOSEPH SAHAE 1514 S MERIDIAN S Florida st TALLAHASSEE | Name ST treet address (P.O. Box <u>NOT</u> accept | ASSEE, FLORIDA (e) | D | | | |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing | Name and Address: Member |
|---|--|
| MGR | ZIAD JOSEPH SAHAB |
| | 1514 S MERIDIAN ST |
| | TALLAHASSEE, FL 32301 |
| | |
| | THE T |
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| | THE TO C |
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| | |
| (Use attachment if nece | accarri) |
| CLE V: Effective date, if | f other than the date of filing: 01/01/2007 . (OPTIONAL) te date must be specific and cannot be more than five business days |
| REQUIRED SIGNAT | TURE: |
| | Grad Saliab |
| Signa | ture of a member or an authorized representative of a member. |
| | cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of periury |

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)

ZIAD JOSEPH SAHAB

that the facts stated herein are true.)

Typed or printed name of signee