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(Request	or's Name)
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COVER LETTER

PO: Registration Security Division of Cor			
SUBJECT: FO	ZEST HOLDI	NGS, 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:			
DARIO CIOTI (Name of Person)			
(Name of Person)			
(Name of Person) FOREST HOLDINGS, UC (Firm/Company) 1516 CORM RIDGE DRIVE			
(Firm/Company)			
1516 CORAL RIDGE DRIVE			
		(Address)	
FT. LANDERDALE, FL 33304			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
DARIO CIOTI at (914) 980 - 6650 (Area Code & Daytime Telephone Number)			
	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	r 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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
FOREST HOLDINGS, U.C. (Must end with the words "Limited Liability Company, "Limited Company" or their abbr	eviation "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	<u>.</u>
1516 CORAL RIDGE DR SME FT. LAUDERDALE, FL 33304	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must des business entity with an active Florida registration.)	red Agent's Signature: ignate an individual or another
The name and the Florida street address of the registered agent are:	
DARIO COTI	
Name	,,,,,,,,,,,,
1516 CORAL RIDGE DRIVE	•
Florida street address (P.O. Box <u>NOT</u> ac	ceptable)
FT. LAUDERDALE FL 3330 City, State, and Zip	<u> </u>
,	
Having been named as registered agent and to accept service of pro liability company at the place designated in this certificate, I here	
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 dut accept the obligations of my position as registered agent as provi	
Dano Cioti	
Registered Agent's Signature (REQUIRED)	07
-	SECRETAR IVISION OF C
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(CONTINUED) Page 1 of 2	?

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.)

that the facts stated herein are true.)

DARIO CIOTI

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)

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