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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

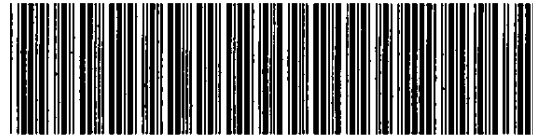
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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JB

LAW OFFICE OF
FRED M. CONE, P.A.
c/o 50 North Laura Street, Suite 2600
JACKSONVILLE, FL 32202

FRED M. CONE, JR.

June 20, 2007

TELEPHONE
(904) 598-6108
TELECOPIER
(904) 598-6208
E-MAIL
fccone@sgrlaw.com

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Zorayda Properties, LLC

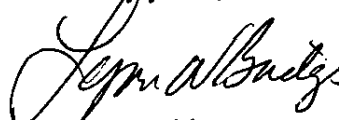
Dear Sir or Madam:

Enclosed please find the following documents in connection with the registration of the above-reverenced limited liability company.

1. Articles of Organization and copy for certification; and
2. A check in the amount of \$160.00 to cover the following items: (a) \$125.00 for filing fee; (b) \$30.00 for one certified copy; and (c) \$5.00 for certificate of status.

Your assistance in this matter is appreciated. A self-addressed, stamped envelope is enclosed for your use in returning the documents to this office for our client. Should you have any questions or comments regarding the above, please do not hesitate to contact me.

Sincerely yours,


Lynn W. Bridges
Legal Assistant

lb
Enc.

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zorayda Properties, 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:

Marcia M. Byles

(Name of Person)

Zorayda Properties

(Firm/Company)

P.O. Box 3866

(Address)

St. Augustine, FL 32085

(City/State and Zip Code)

For further information concerning this matter, please call:

Marcia M. Byles

(Name of Person)

at (904) 829-9887

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zorayda Properties, 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:

83 King Street

St. Augustine, FL 32084

Mailing Address:

P.O. Box 3866

St. Augustine, FL 32085

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:

Dail A. Taylor, CPA

Name

320 Hightide Drive, Suite 210

Florida street address (P.O. Box **NOT** acceptable)

St. Augustine

FL 32080

City, State, and Zip

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

Dail G. Taylor

Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Marcia M. Byles

610 Coquina Blvd.

St. Augustine, FL 32080

MGR

James M. Byles

610 Coquina Blvd.

St. Augustine, FL 32080

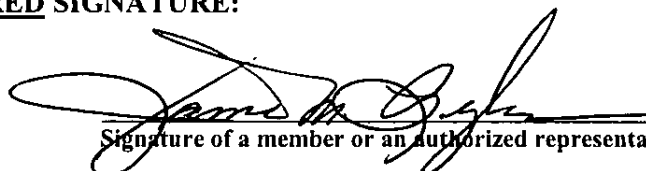
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(Use attachment if necessary)

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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

~~Marcia M. Byles~~ James M. Byles
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)