

**Division of Corporations** Public Access System

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Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number: I19990000101 Phone : (561)691-0059 Fax Number : (561)691-0066

## ORIDA/FOREIGN LIMITED LIABILITY CO.

## Zoline Mineral Rights, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLE I - Name:

is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Zoline Mineral Rights, 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	of the principal office of the Limited Liability Compar	
Principal Office Address:	Mailing Address:	
200 E. Delaware Place, Apt. 11F	200 E: Delaware Place, Apt. 11F	
	Chicago, IL 60611	

The name and the Florida street address of the registered agent are:

Robert Lee Shapiro, P.A.
Name

2401 PGA Boulevard, Suite 272

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

Palm Beach Gardens pg\_ 33410

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page I of 2 ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGRM	Sorel Bergman, as Trustee 200 East Delaware Place, Apt. 11F Chicago, IL 60611
MGRM	Harriet E. Zelenka, as Trustee 57 East Delaware Place, Apt. 1001
	Chicago, IL 60611
<del></del>	
Use attachment if necessary)	
E V: Effective date, if other than the date	e of filing: (OPTIO

Signature of a member or an authorized representative of a member.

(In accordance with section 648.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sorel Bergman, as Trustee

Typed or printed name of signer

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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