(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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08/30/07--01010--026 **130.00

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Zoho Window Coverings, LLC
	(Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Keelan Zohouri
	. (Name of Person)
·	(Firm/Company)
	4880 Jewell Terrace
	(Address)
	Palm Harbor, FL 34685
	(City/State and Zip Code)
For fur	her information concerning this matter, please call:
Kee	lan Zohouri at (727) 945-8819
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:
\$125.	00 Filing Fee \(\subseteq
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Zoho Window Coverings, LLC (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4880 Jewell Terrace, Suite G Palm Harbor, FL 34685	Same as Principal Office
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. Michel Zohouri Name 4880 Jewell Terra Florida street address of the registration.	egistered agent are: O7 AUG 30 PH 50 PH 5
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

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:

Title:	Name and Address:	
"MGR" = Ma	nnager Managing Member	
	vialiaging ivicinoci	
MGRM	Keelan Zohouri	
	4880 Jewell Terrace, Suite G	
	Palm Harbor, FL 34685	
MGRM	Michel Zohouri	
	4880 Jewell Terrace, Suite G	
	Palm Harbor, FL 34685	
		
(Use attachme	ent if necessary)	
•		(ODTION
CLE V: Effecti	ive date, if other than the date of filing: 09/01/2007	
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CLE V: Effecti ffective date is days after the	ive date, if other than the date of filing: 09/01/2007 s listed, the date must be specific and cannot be more than file date of filing.) SIGNATURE: Signature of a member of an authorized representative of a mer (In accordance with section 608.408(3), Florida Statutes, the execut	ve business d
CLE V: Effecti ffective date is days after the	ive date, if other than the date of filing: 09/01/2007 s listed, the date must be specific and cannot be more than file date of filing.) SIGNATURE: Signature of a member of an authorized representative of a mer	ve business d
CLE V: Effecti ffective date is days after the	ive date, if other than the date of filing: 09/01/2007 s listed, the date must be specific and cannot be more than file date of filing.) SIGNATURE: Signature of a member of an authorized representative of a mer (In accordance with section 608.408(3), Florida Statutes, the execut of this document constitutes an affirmation under the penalties of pe	ve business d

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)