## 107000/04313

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	··· <del>···</del>
(Do	cument Number)	
·	·	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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DIVISION OF CORPORATIONS

OF OCT 12 PM 12: 57

## **COVER LETTER**

TO:	Registration So Division of Co				
SUBJECT: ZARANTE DESIGNS, LLC		DESIGNS, LLC			
		(Name of Limite	d Liability Company)		-
The en	closed Articles o	of Organization and fee(s) are s	submitted for filing.		
Please	return all corresp	oondence concerning this matte	er to the following:		
		Alva	aro Zarante		
·		(	Name of Person)		
		ZARANT	E DESIGNS, LLC		
ŕ			(Firm/Company)		
		11425	NE 3rd Ave		07 00T 12 PM 12: 5
			(Address)		<del>-</del>
		Miami,	Florida 33161		2 P
•	```	(City	/State and Zip Code)	······································	=
For fur	ther information	concerning this matter, please	call:		5
Alvar	o Zarante		at (786 ) 525-318		_
	(Name	of Person)	(Area Code & Daytime T	elephone Number)	-
Enclos	ed is a check fo	or the following amount:			
<b>]</b> \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	nited Liability Compan	y is:	
ZARANTE DESIGNS	S, LLC		
(Must end with the words "	Limited Liability Company, "	"Limited Company" or their abbreviation "LLC,	," or "L.C.,")
ARTICLE II - Add The mailing address	15.75	he principal office of the Limited Li	ability Company is:
Principal Office Ad	dress:	Mailing Address:	
11425 NE 3rd Ave Miam	i, Fl 33161	Same	
		. <del>-</del>	
(The Limited Liability Con- business entity with an act	pany cannot serve as its own live Florida registration.)  orida street address of Alvaro	tered Office, & Registered Agent's Registered Agent. You must designate an indiv the registered agent are:  Zarante	
Name		lame	PH RPO
_	11425 NE 3rd Ave		7. A
	Florida stre	et address (P.O. Box NOT acceptable)	57
_		ami, <sub>FL</sub> 33161	O.
	City, S	tate, and Zip	
liability company registered agent and statutes relating to accept the oblige	o at the place designated I agree to act in this cap the proper and comple ations of my position as	nd to accept service of process for the d in this certificate, I hereby accept the pacity. I further agree to comply with the performance of my duties, and I are registered agent as provided for in C	he appointment as In the provisions of all In familiar with and

(CONTINUED) Page 1 of 2

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Alvaro Zarante	
	11425 NE 3rd Ave Miami, FI 33161	
MGR	Monica Meszaros	
	11425 NE 3rd Ave Miami, FI 33161	
		5
- A Company of the Co		i -
		> 
		v.
(Use attachment if necessary)		¥ 5:5:
CLE V: Effective date, if other than the		
CLE V: Effective date, if other than the effective date is listed, the date must b	e date of filing: (OPTIONA	L)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIONA	L)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REOUIRED SIGNATURE:  Signature of a member (In accordance with secondary)	e date of filing:	L)

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)