L07000/19480

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Wo1-56755
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TIL TO 1001 NOV 29 P 12: 01
SECRETARY OF STATE ALLAHASSEE, FI ORINA

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2007

JAIME ZABALA 5901 BERMUDA LANE NAPLES, FL 34119

SUBJECT: ZATOR INTERNATIONAL, LLC

Ref. Number: W07000056755

We have received your document for ZATOR INTERNATIONAL, LLC and your check(s) totaling \$120.00. However, the document has not been med and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified capy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 507A00066428

COVER LETTER

TO: Registration S Division of Co							
SUBJECT: ZATO	OR INTERNATION	AL, LLC d Liability Comp	2011			_	
	(Name of Limite	a Liability Compa	any)				
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filin	g.				
Please return all corresp	ondence concerning this matte	er to the following	g:				
JAIME ZA	ABALA						
	(Name of Person)					
	((Firm/Company)	-				
5901 Ber	muda Lane			TALL	SFC	2001	
		(Address)		AHA:	2	201	1
Naples,	FL 34119			SSE		2001 NOV 29	
	(City	/State and Zip Code	;)	-ri	7	U.	
For further information	concerning this matter, please	call:		ORIDA		12: 0.1	•
JAIME ZABALA	4	at (239	594-57	93			
(Name	of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check for	or the following amount:						
\$125.00 Filing Fee Status \$130.00 Filing Fee Certificate of Status		\$155.00 Fi Certified Copy (additional copy	<i>y</i>	\$160.00 Certificate of Certified Contact (additional coperation)	f Stat	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding cutive Center ee, FL 32301	ns · Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Comp	oany is:			
ZATOR INTERNATIONAL, LLC				
(Must end with the words "Limited Liability Compar	y, "Limited Company" or their abbreviation "L	LC," or "L.C	,") ·	
ARTICLE II - Address:				
The mailing address and street address of	of the principal office of the Limited	Liability	Comp	pany is:
Principal Office Address:	Mailing Address:			
6063 Janes Lane	6063 Janes Lane	3.		
Naples, FL 34109	Naples, FL 34109			
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an in			
		Āς,	 3	
JAIME ZABALA		ECR	2001 NOV 29	
Nar	ne	ETAR)	2	77
5901 Bermuda La	ne	SEC -	29	iber Grant
Florida s	street address (P.O. Box NOT acceptable)	<u> </u>	T	1 1

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..

City, State, and Zip

Naples,

Registered Agent's Signature (REQUIRED)

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	JAIME ZABALA 5901 Bermuda Lane Naples, FL 34119		
MGRM	FERNANDA ZABALA 5901 Bermuda Lane Naples, FL 34119	ZON NOV 29 P 12: D SECRETARY OF STAT TALLAHASSEE, FLORI	FILED
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must 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.)

JAIME ZABALA

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)