L01000120393

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			
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SECRETARY OF STATE
AND A SEFF FLORIDA

COVER LETTER ...

TO: Registration Se Division of Co			
SUBJECT:	Zoho Stan	e UC	
36B6E11		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	· · · · · · · · · · · · · · · · · · ·	Michel Zoho	יי
	Zoho Group	International, l	uc
***		hway 19 (Address)	
	Holiday , FL	34691 (State and Zip Code)	
	City,	(State and Zip Code)	
For further information	concerning this matter, please	call:	
M: 6 26	an te	at (127) 230 - 1	L956
(Name	of Person)	(Area Code & Daytime To	
Enclosed is a check for	or 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLE I - Name: The name of the Limited Liability Company is: Zello Stone Luc (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: Mailing Address: Same OS Holdow, FL 34641 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: Hicke Zehou. Name 4880 Jewel Terr Selection Florida street address (P.O. Box NOT acceptable)

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 feel tered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

The name and address of each Manager of	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member HGRM	Mame and Address: Michel Zohovri 1202 USHichway 19N Holiday FL 3469H
(Use attachment if necessary) ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)	te of filing: 12007. (OPTIONAL) Decific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member of this document constitutes	r an authorized representative of a member. of 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.
that the facts stated here	del Zhavi or printed name of signee

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)