L08000020096

(Requestor's Name)
(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:
Richard Kemp BAVE
AUTHORIZATION BY PHONE TO
CORRECT Add SUFFIX
DATE 2106108
DCC. EXAM
1

Office Use Only



200118602832

02/25/08--01017--025 **130.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB 2 6 2008

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	ZEN T	ACKCE, LLC	-
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
<u> </u>	PICHARD KO	EMP	
	PICHARD KO	Name of Person)	
	ETEP ZEN		
	(Firm/Company)	
178	G TRADE CE	ENTER WAY	#2
		(Address)	· -
NAP	cer EC	(Address) 3 F 10 9 (State and Zip Code)	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
RICHAR I	KEMP	234 787	3/ 2 J
(Name	of Person)	at (239) Z87 (Area Code & Daytime T	elephone Number)
	·	•	•
	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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I. Namos

The name of the Limited Liability Company is:
(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:
1786 TRADE CENTER WAY AL SAME NAPLES, EL 34109
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:
RICHARD KEMP Name
Name
6977 CONE OAK BLUD
Florida street address (P.O. Box NOT acceptable)
NAPCES FL 34109 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 1 of 2 SECRETARY OF STATE SECRETARY OF STATE OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member MGR_	RICHARN KEMP
	RICHARD KEMP 6977 LONE OAK BLUD. NAPLES, FL 34109
<u> </u>	
(Use attachment if necessary)	
	e date of filing: (OPTIONAl be specific and cannot be more than five business days

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.)

CHARD KEMP

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)