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COVER LETTER

Division of Corporations
SUBJECT: ZIMWOODS LLC.
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert J. Zimmerman Jr. (Name of Person)
Zimwoods LLC. (Firm/Company)
(Firm/Company)
3652 Prado Drive
Sarasota, FL. 34235 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert J. Zimmerman Jr. at (941) 780-4553 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\mathbb{L}\$130.00 Filing Fee & \$\mathbb{L}\$155.00 Filing Fee & \$\mathbb{L}\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallabassee Fl. 323142661 Executive Center Civele

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con	npany is:
ZIMWWODS LLC.	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3652 PRADO DRIVE	3652 PRADO DRIVE
SARASOTA , FL. 34235	SARASOTA ,FL. 34235
	98 PA

3652 PRADO DRIVE

ROBERT J. ZIMMERMAN

Florida street address (P.O. Box NOT acceptable)

SARASOTA, FL.

ARTICLE I - Name:

₃ 34235

City, State, and Zip

Name

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

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

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

<u>Title:</u> "MGR" = Mana	ger	Name and Address:			
"MGRM" = Ma	naging Member				
MGR		ROBERT J. ZIMMERMAN			
		3652 PRADO DRIVE			
		SARASOTA, FL. 34235			
		. •			
<u> </u>					
(Use attachment	if necessary)				
ARTICLE V: Effective	date, if other than the date	of filing:	. (OPTION/	(1)	
		ecific and cannot be more than five l			or
to or 90 days after the d				, • •	-
REQUIRED SI	CNATIDE:				
KEQUIRED SI	ONATORE.		TAL Se	80	
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	Jan J. Fr		_ 50	-≺ ധ	1000000
	Signature of a member or a	an authorized representative of a member		30	
	(In accordance with section	608.408(3), Florida Statutes, the execution	hii d	2	77 K
	of this document constitutes that the facts stated herein	an affirmation under the penalties of perjurate true.)	y (** (*)	5	ا الم
	ROBERT J. ZIMI	•	GISSO STATE	02	• •
		or printed name of signee	A	, -	

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)