(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

TO:	Registration Division of C					
SUBJI	гст.	Zeal Tro	eats, LLC.			
ооы	EC1	<del> </del>	ed Liability Company)			
The en	closed Articles	of Organization and fee(s) are so	submitted for filing.			
Please	return all corres	pondence concerning this matte	er to the following:			
		<u> </u>	shua Morris			
		0	(Name of Person)			
	Zeal Treats, LLC.					
(Firm/Company)						
7928 West Drive #408						
		(Address)	_			
		North Bay Village, FL 33141				
	//State and Zip Code)	_				
For fu	rther information	n concerning this matter, please	call:			
	Josh	Morris	at ( 540 ) 560-2204 (Area Code & Daytime Telephone Number)			
	(Nam	e of Person)	(Area Code & Daytime Telephone Number)			
Enclo	sed is a check t	for the following amount:				
<b>]</b> \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY					
ARTICLE I - Name: The name of the Limited Liability Company	is:				
Zeal Tre	eats, LLC.				
	ability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited I	Liability Company is:			
Principal Office Address:	Mailing Address:				
7928 West Drive #408	7928 West Drive #408				
North Bay Village, FL 33141	North Bay Village, FL 33141				
Na 7928 West Florida street North Bay Villag	a Morris me  Drive #408 address (P.O. Box NOT acceptable) ge, FL 33141 te, and Zip	ne ahove stated limited			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept acity. I further agree to comply wi performance of my duties, and I d	the appointment as ith the provisions of all am familiar with and			
Registered Agent's Sig		FILED  08 JUL 14 MH 10: 09  SECRETARY OF STATE TALLAHASSEE FLORID			
(CONT Page 1	INUED) 1 of 2	09 RIDA			

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

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

<u>Title</u>		Name and Address:				
	R" = Manager					
"MG	RM" = Managing Member	r				
MGRI	И	Joshua Morris				
		7928 West Drive #408				
		North Bay Village, FL 33141				
MGR	M	Juan Carlos Quan				
WIGH	,	1619 Meridian Avenue #9				
		Miami Beach, FL 33139				
		Marii Beach, FE 33103				
	•					
(Use	attachment if necessary)					
ARTICLE V	: Effective date, if other th	an the date of filing: (OPTIONAL)				
		nust be specific and cannot be more than five business days prior				
	after the date of filing.)					
REQ	<u>UIRED</u> SIGNATURE:					
	Tosha Moris					
	Signature of a member or an authorized representative of a member.					
	(In accordance	with section 608.408(3), Florida Statutes, the execution				
	of this documer	of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
		Joshua Morris				
		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)