

L080000081273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

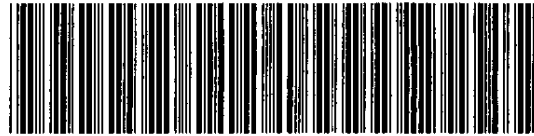
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/25/08--01004--033 **160.00

Effective Date **8/10/08**

FILED
08 AUG 11 PM 12:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AUG 26 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2008

FREYA ZOLLINGER
ZOLLINGER MEDIATION LLC
2624 HIBISCUS ST.
SARASOTA, FL 34239

SUBJECT: ZOLLINGER MEDIATION LLC
Ref. Number: W08000038101

✓ We have received your document for ZOLLINGER MEDIATION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$160.00.

✓ Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 11, 2008. Please amend your document accordingly.

✓ 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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 708A00045870

PLEASE RETURN YOUR DOCUMENT TO THE DIVISION OF CORPORATIONS, 600 SOUTH GULF AVENUE, SUITE 100, TALLAHASSEE, FLORIDA 32314. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (850) 245-6911.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zollinger Mediation 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:

Freya Zollinger
(Name of Person)
Zollinger Mediation LLC
(Firm/Company)
2624 Hibiscus St.
(Address)
Sarasota, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Freya Zollinger at 941 366-0202
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 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:

Zollinger Mediation LLC
(Must end with the words "Limited 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:

8209 Nature's Way
Ste. 2211
Lakewood Ranch, FL 34202

Mailing Address:

15 Paradise Plaza #264
Sarasota, FL 34239-6905

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:

Freya Zollinger
Name
2624 Hibiscus St.
Florida street address (P.O. Box **NOT** acceptable)
Sarasota FL 34239
City, State, and Zip

Effective Date 8/10/08

FILED
08 AUG 11 PM 12:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Freya Zoll
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Mgr.

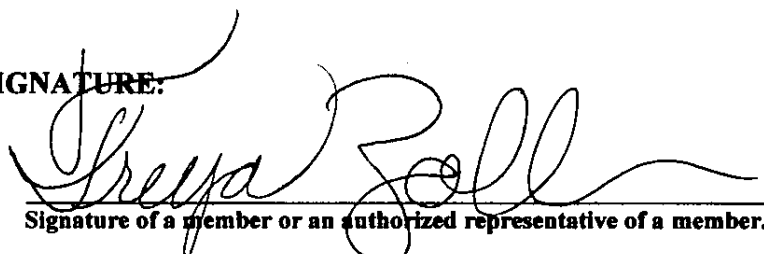
Name and Address:

Freyja Zollinger
2624 Hibiscus St
Sarasota, FL 34239

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-10-08. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.)

Freyja Zollinger
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)