# 108000094282

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(Ad	dress)	
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SECRETARY OF STATE

T. CLINE
OCT - 6 2008 EXAMMER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2008

ROBERT VAUGHN 301 WEST PLATT #421 TAMPA, FL 33606

SUBJECT: ZV LLC

Ref. Number: W08000043185

We have received your document for ZV LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is to acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P93000047996.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 708A00050489

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	ECT: ZV LLC						_
		(Name of Limi	ted Liability Cor	npany)			
The er	closed Articles of Organizatio	n and fee(s) are	submitted for fi	ling.			
Please	return all correspondence con-	cerning this ma	tter to the follow	ing:			
	Robert M. Vaughn						
			(Name of Person)	)		•	
	ZV LLC						
			(Firm/Company)				
	301 West Platt #421						
			(Address)	· · · · · · · · · · · · · · · · · · ·			<del>, ,, ,,,,,,, , ,,,,,,,,,,,,,,,,,,,,,,</del>
	Tampa, Florida 33606						
		(C	ity/State and Zip C	ode)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
For fu	rther information concerning th	nis matter, plea	se call:				
ROB	ERT M. VAUGHN		at ( 813	943-656	8		
	(Name of Person)			Code & Daytime	Felephone N	umber)	
Enclo	sed is a check for the follow	ing amount:					
<b>□\$</b> 125	•	Filing Fee & te of Status	S155.00 Find Certified (additional c		Certif	icate of S ied Copy onal copy i	tatus &
	P.O. Box	n Section of Corporations	Regist Divisi Clifto 2661	/Courier Address ration Section on of Corporati n Building Executive Center cassee, FL 3230	ess ons er Circle	Y OF STATE	AM 9: 26

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
ZV-LLE AA2 MV LCC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC."}
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1310 S HOWARD AVE	301 WEST PLATT #421
TAMPA, FL 33606	TAMPA, FL 33606
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the respective SARA MOOLA  Name	
22. 2. 10. 1. 21. 1. 1.	
821 S. WILLOW AVE	ress (P.O. Box NOT acceptable)
	ress (r.o. Box 1401 acceptable)
TAMPA, FL 33606  City, State, as	Fl.
City, State, a	ач <i>г</i> ф
liability company at the place designated in the registered agent and agree to act in this capacity	h Fest S

### 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 N	Name and Address: ember
MGR	ROBERT M. VAUGHN
MGRM	SARA E. MOOLA
(Use attachment if neces	ну)
effective date is listed, the	her than the date of filing: 9/11/2008 . (OPTION ate must be specific and cannot be more than five business dang.)
0 days after the date of fil REQUIRED SIGNATE	EE:
REQUIRED SIGNATI	e of a member or an authorized representative of a member.
REQUIRED SIGNATE Signatu  (In account of this count that the	dance with section 608.408(3), Florida Statutes, the executions facts stated herein are true.)  Obert M. Vaugh N. Typed or printed name of signee
REQUIRED SIGNATION Signature (In according that the state of the state	dance with section 608.408(3), Florida Statutes, the executions of perfect stated herein are true.)  Obert M. Vaugh N  Typed or printed name of signee

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