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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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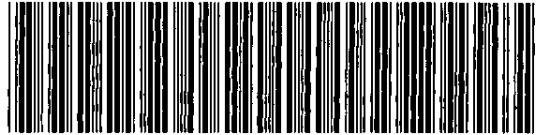
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

DEC 22 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PROJECT ZULA, 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:

**DONNA C. ROBERTS**

(Name of Person)

**PROJECT ZULA, LLC**

(Firm/Company)

**1376 SHADOW LANE**

(Address)

**FORT MYERS, FL 33901**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Judy Workman**

(Name of Person)

at ( **239** ) **481-0820**

(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

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ARTICLES OF ORGANIZATION  
FOR  
PROJECT ZULA, LLC  
A Florida Limited Liability Company

ARTICLE I – NAME

The name of the Limited Liability Company is:

PROJECT ZULA, LLC

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1376 Shadow Lane  
Fort Myers, FL 33901

**Mailing Address:**

1376 Shadow Lane  
Fort Myers, FL 33901

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ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S  
SIGNATURE

The name and the Florida street address of the registered agent are:

Donna Carole Roberts  
1376 Shadow Lane  
Fort Myers, FL 33901

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)

#### ARTICLE IV – MANAGER OR MANAGING MEMBER

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

**Title:**

**Name and Address:**

“MGR” = Manager

“MGRM” = Managing Member

MGRM

Donna Carole Roberts  
1376 Shadow Lane  
Fort Myers, FL 33901

#### ARTICLE V – EFFECTIVE DATE

The effective date of this Limited Liability Company shall be the date of filing.

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**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.)

Donna Carole Roberts, Member

Typed or printed name of signee