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To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

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SECRETALL OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ZALUM, L.L.C.

Certificate of Status	0
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J. BRYAN

APR 2 0 2009

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ARTICLES OF ORGANIZATION OF ZALUM, L.L.C.

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLET

The name of the Limited Liability Company is: ZALUM, L.L.C.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company shall be as follows:

8400 N.W. 58th Street, Miami, Florida 33165

ARTICLE III

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers who may be, but are not required to be, a member of the Company. The name and address of the managers who will serve as managers until the first annual meeting of the members or until their successors are selected and qualified in accordance with the Regulations is as follows:

TONY COCCHIOLA - 8400 N.W. 58th St., Miami, Florida 33166 - Manager MICHELANGELO COCCHIOLA - 8400 N.W. 58th St., Miami, Florida 33166 - Manager PEDRO PASTORE - 8400 N.W. 58th St., Miami, Plorida 33166 - Manager JEAN PALMEGIANI - 8400 N.W. 58th St., Miami, Florida 33166 - Manager

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: By unanimous written consent of the existing members as per the terms of the Regulations.

JORGE E. BLANCO, ESQ. 1401 Ponce De Leon Boulevard, Suite 202 Coral Gables, Florida 33134 Telephone No.: (305) 444-0044 Florida Bar No.: 197807

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ARTICLE VI

The right, if given, of the members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be as provided for in the written Regulations of the Company.

ARTICLE VII

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

JORGE E. BLANCO 1401 Ponce de Leon Blvd., Suite 202 Coral Gables, Florida 33134

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.

JORGE E. BYANCO- Registered Agent

ARTICLE VIII

Purpose: Any and all lawful purposes permitted under the act.

ARTICLE IX

Regulations: Any Regulations as defined in Section 608.402 (13) of the Act, relating to this Limited Liability Company must be in writing and signed by all the Members.

IN WITNESS WHEREOF, We have signed these Articles of Organization and acknowledged them to be my act this 2 day of April, 2009

ON LOCATIONA- Manago

MICHELANCELO COCCHIOLA- Manager

PEDRO PASTORE - Manager

1/24 JEAN CLAUDIO PALMEGIANI - Manager

In accordance with Section 608.408(3), Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of penjury that the facts stated herein are true.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

	I HEREBY CERTIFY, that on the 13 clay of April. 2009, personally appeared before
me, an	authorized officer duly commissioned to administer oaths and take acknowledgments.
TONY	COCCHIOLA, MICHELANGELO COCCHIOLA, PEDRO PASTORE, and JEAN
CLAUI	COCCHIOLA, MICHELANGELO COCCHIOLA, PEDRO PASTORE, and JEAN DIO PALMEGIANI, to me well known or who have provided their
	as identification, and he acknowledged
that the	y signed and executed the same for the uses and purposes herein used.

IN WITNESS WHEREOF, I have set my hand and official scal at Miami, County of Miami-Dade, State of Florida, the day and year above written.

Notary Public. State of Florida

My Commission Expires:

STATE OF PLORIDA

COUNTY OF MIAMI-DADE

Commission DD624746

I HEREBY CERTIFY, that on the 13 day of April, 2009, personally appeared before me. an authorized officer duly commissioned to administer oaths and take acknowledgments, JORGE E. BLANCO to me well known or who has provided his identification, and he acknowledged that he signed and executed the same for the uses and nurposes herein used.

IN WITNESS WHEREOF, I have setting hand and official seal at Miami. County of Miami-Dade, State of Florida, the day and year above written.

Notary Public State of Florid

My Commission Expires:

HIS HARTORY

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CERTIFICATE OF D ISIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

a. The name of the Limited Lizbility Company is: ZALUM, L.L.C.

The name and the Florida street add ess of the registered agent and registered office

aro.

JORGE E. BLANCO, 1401 PONCE DE L'EON BLVD.. SUFFE 202. CORAL GABLES, FLORIDA

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 perfor nance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

JORCIE E BI. ANCO-Registered Agent

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