# 040008398

### Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9385 : (561)455~9385

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ZLZ ENTERPRISES, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

D. BRUCE

SEP 1 2009

**EXAMINER** 

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

#### ARTICLE I NAME

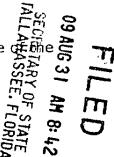
The name of the Limited Liability Company is:

ZLZ ENTERPRISES, LLC

#### ARTICLE II ADDRESS

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

927 FERN STREET, STE 1100 ALTAMONTE SPRINGS, FLORIDA 32701



## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC 5647 110TH AVENUE NORTH ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

A1A REGISTERED AGENT INC / Registered Agent's signature

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PAGE 2 ZLZ ENTERPRISES, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V. MEMBERS (optional)

MANAGING MEMBER
KEVIN ZINN
927 FERN STREET, STE 1100
ALTAMONTE SPRINGS, FLORIDA 32701

MANAGING MEMBER
MANUEL LARENAS
927 FERN STREET, STE 1100
ALTAMONTE SPRINGS, FLORIDA 32701

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SECRETARY OF STATE
TALLAHASSEE, FLOBIC

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.

MANUEL LARENAS