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| (R€ | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FI ORION

D. BRUCE

FEB. 1 2010

EXAMINER

COVER LETTER

| Division of Co | | 7010 | | | | |
|---------------------------|---|--|-----------------------------|----------------------------|------------|---|
| SUBJECT: | | Z Design Group | Ρ | | | |
| | Name of Limit | ed Liability Company | | | | |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing. | | | | |
| Please return all corresp | oondence concerning this matt | er to the following: | | | | |
| | Sal | orina I. Fajardo | | | | |
| | | Name of Person | | | | |
| | TLZ | Z Design Group | | | | |
| | | Firm/Company | | | | |
| | / 1405 NV | V 91st Ave. # 14-2 | 23 | Āσ | | |
| | | Address | | LAH | JAN | |
| | Coral | Springs, FL 3307 | 1 | TAR | N 28 | Ē |
| | • | y/State and Zip Code | | Y 0F | | r |
| | Sifk E-mail address: (to be used f | os@yahoo.com or future annual report no | tification) | - FS | AH III: 42 | C |
| For further information | concerning this matter, please | call; | | TE | 2 | |
| Sabri | na Fajardo | at (954) | 854-5521 | | | |
| | of Person | | aytime Telephone Numl | ber | | |
| Enclosed is a check for | or the following amount: | | | | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fe Certified Copy (additional copy is et | Certifica | Filing Fee ate of Statu | | |
| | | (additional supplies | | il copy is enci | losed) | |
| | Mailing Address Registration Section | Street/Courie | | | | |
| | Registration Section Division of Corporations | Registration Se Division of Co | | | | |
| | P.O. Box 6327 | Clifton Buildi | | | | |
| | Tallahassee, FL 32314 | Tallahassee, F | ve Center Circle L 32301 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|---|
| TLZ Design Gro | oup LLC. |
| | ing company, since, or size. |
| ARTICLE II - Address: | incinal office of the Limited Liebility Company is |
| The maning address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1405 NW 91st Ave. # 14-23 Coral Springs, FL 33071 | 934 N University Dr. #333 Coral Springs, FL 33071 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | egistered agent are: $\sum_{i=0}^{N} \frac{\partial f_{i}}{\partial x_{i}} = 0$ |
| Sabrina I Fajardo | |
| Name | |
| 1405 NW 91st | Ave.#1423 Ave.#1423 Ave.#1423 |
| Florida street address (P.O. | Ave.#1423 Box NOT acceptable) FL FL FL FL FR FR FR FR FR FR |
| Coral Springs, FL 33071 FI. | |
| City, State, ar | nd Zip |
| Having heen named as registered agent and to a | accent service of process for the above stated limited |

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)

Page 1 of 2

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

ARTICLE IV- Manager(s) or Managing Member(s):

Title: "MGR" = Manager "MGRM" = Managing Member MGR President & CEO Sabrina | Fajardo 1405 NW 91st Ave.#1423 Coral Springs, FL 33071

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (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.)

Sabrina I. Fajardo

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | : : |
|---|---|
| TLZ Design G (Must end with the words "Limited Liab | roup LLC. ility Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the p | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1405 NW 91st Ave. # 14-23 Coral Springs, FL 33071 | 934 N University Dr. #333 Coral Springs, FL 33071 |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the | istered Agent. You must designate an individual or another |
| Sabrina I | Fajardo \mathbb{A}_{Σ_i} |
| Name | EAST LANGE |
| 1405 NW 91s | st Ave #1423 |
| Florida street address (P.C | S20 00 F |
| Coral Springs, FL 3307 | ← Q''. |
| City, State, | |
| liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as reg | o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S |
| Registered Agent's Sign | atufe (REQUIRED) |

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

| | <u>Title:</u> | Name and Address: | |
|----------|---|--|--|
| | "MGR" = Manager | | |
| α | "MGRM" = Managing Member | | |
| Ut | りからと P rosident & CE O | Cobring I Esigndo | |
| • | Fresident & CEO | Sabrina I Fajardo | |
| | | 1405 NW 91st Ave.#1423 | , , |
| | | Coral Springs, FL 33071 | |
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| | (Use attachment if necessary) | | |
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| ARTI | CLE V: Effective date, if other than the | date of filing: | , (OPTIONAL) |
| | effective date is listed, the date must b | e specific and cannot be more than fiv | ⁄e business days prio |
| o or 9 | 0 days after the date of filing.) | | |
| | | | |
| | REQUIRED SIGNATURE: | \bigcap | |
| | ,)w\ | Lu July | 10 FEG. SEG. |
| | Signature of a member | er or an authorized representative of a mem | AN 22 |
| | (I | -ti (00 400/2) El-il- Statutor de augusti | A A A |
| | of this document cons | ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of pe | |
| | that the facts stated he | | |
| | | Sabrina I. Fajardo | OF STA |
| | Ty | ped or printed name of signee | |
| | Filing Fees: | | Dm N |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)