

02/09/2010 11:07

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EMPIRE CORP KIT

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Division of Corporations

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L10000015043

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB -9 AM 8:29

FILED

To:

Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE

2/9/10

From

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
10 FEB -9 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.
ZENITRAM LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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EMPIRE CORP KIT

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850-817-6381

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February 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: ZENITRAM LLC
REF: W10000006331

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The Registered Agents name must be listed exactly as it appears on DOS records.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H10000027652
Letter Number: 110A00003234

③

H100000 27652

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ZENITRAM LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:2439 S W 11TH STREET
MIAMI FL 33135**Mailing Address:**2439 S W 11TH STREET
MIAMI FL 33135**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BLANCO ACCOUNTING II, INC.

Name

2323 WEST 52 STREETFlorida street address (P.O. Box **NOT** acceptable)HIALEAH 33016FL

City, State, and Zip

FILED
10 FEB - 9 AM 8:29
CLERK OF STATE
TALLAHASSEE, 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 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
(CONTINUED)

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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 Member

Name and Address:MGREMILIO J MARTINEZ2438 S.W 11 STREETMIAMI FL 33135-4807______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/9/2010 (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.)

EMILIO J MARTINEZ

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)

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 10 FEB -9 AM 8:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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