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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

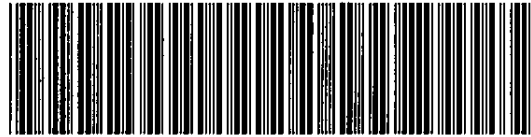
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2010 OCT 14 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT /5 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2010

JOSEPH WILLIAM ZANONI, JR.
ZANONI DIVERSIFIED SERVICES (ZDS), LLC
3534 SHADY WOODS STREET EAST
JACKSONVILLE, FL 32224

SUBJECT: ZANONI DIVERSIFIED SERVICES (ZDS), LLC
Ref. Number: W10000046463

We have received your document for ZANONI DIVERSIFIED SERVICES (ZDS), LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00023513

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zanoni Diversified Services (ZDS), 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:

Joseph William Zanoni, JR.

Name of Person

Zanoni Diversified Services (ZDS), LLC

Firm/Company

3534 Shady Woods Street East

Address

Jacksonville, FL 32224

City/State and Zip Code

BillZanoni@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph William Zanoni, JR

Name of Person

at (904)

527-1938

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zanoni Diversified Services (ZDS), 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:

**3534 Shady Woods Street East
Jacksonville, FL 32224**

Mailing Address:

**3534 Shady Woods Street East
Jacksonville, FL 32224**

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:

Joseph William Zanoni, JR

Name

3534 Shady Woods Street East

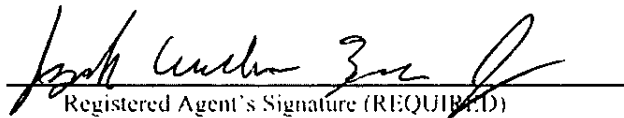
Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32224

City, State, and Zip

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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)

(CONTINUED)

FILED

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

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

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Joseph William Zanoni, JR

3534 Shady Woods Street East

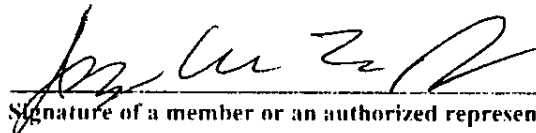
Jacksonville, FL 32224

(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.)

Joseph William Zanoni, JR

Typed or printed name of signer

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)