10000107797

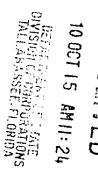
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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B. KOHR

OCT : 5 2010

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

| | Office Use Only | |
|--|--|---|
| CORPORATION NAME(S) & DOCUM | MENT NUMBER(S), (if known): | |
| ZERO BIT | SOLUTIONS LLC | |
| (Corporation Name) | (Document #) | |
| 2. | | |
| (Corporation Name) | (Document #) | • |
| 3. | | |
| (Corporation Name) | (Document #) | |
| 1 | • | |
| (Corporation Name) | (Document #) | • |
| Walk in Pick up time | 2-00 Certified Copy | |
| ☐ Mail out ☐ Will wait | Photocopy Certificate of Status | |
| NEW FILINGS | AMENDMENTS | |
| Profit | Amendment Common | |
| Not for Profit Limited Liability | Resignation of R.A., Officer/Director Change of Registered Agent | • |
| Domestication | Dissolution/Withdrawal | |
| Other | ☐ Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| Annual Report | Foreign | |
| Fictitious Name | Limited Partnership Reinstatement | |
| | Trademark Other | |
| | Examiner's Initials | |
| ATT - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | Examiner 2 minais | |

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | $\Gamma \mathbf{I}_i$ | \mathbf{CI} | LE | [_ ` | Na | m | A | • |
|---|----|-----------------------|---------------|----|-------|----|---|---|---|
| | | | | | | | | | |

The name of the Limited Liability Company is:

ZERO BIT SOLUTIONS 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: | Mailing Address: |
|---------------------------|------------------------|
| 255 UNIVERSITY DRIVE | 255 UNIVERSITY DRIVE |
| CORAL GABLES, FL 33134 | CORAL GABLES, FL 33134 |
| | |

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:

| CC | EURJOLI MARTINEZ |
|-------------|--|
| | Name |
| 10500 | SW 108TH. AVENUE # B402 |
| | Florida street address (P.O. Box NOT acceptable) |
| MIAMI | 53176 |
| | City, State, and Zip |

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)

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:

| "MGR" = Manager | Name and Address: |
|---------------------------------------|--|
| "MGRM" = Managing Membe | ∂r |
| MGRM | COEURJOLI MARTINEZ |
| | 10500 SW 108TH. AVENUE # B402 |
| | MIAMI, FL 33176 |
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| (Use attachment if necessary) | |
| LE V: Effective date if other th | han the date of filing: (OPTIONA |
| fective date is listed, the date r | must be specific and cannot be more than five business day |
| days after the date of filing.) | • |
| | |
| REQUIRED SIGNATURE: | |
| | |
| | |
| | Ve- |
| X | member or an authorized representative of a member. |

constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

COEURJOLI 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)