Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone Fax Number : (305)634-3694 : (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 Ac	idress:				

FLORIDA LIMITED LIABILITY CO. ZACAABEL, LLC

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

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05/01/2011 14:30

EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

The name of the limited liability company is:

ZACAABEL, LLC

ARTICLE II

The mailing and street address of the Company's principal office is:

16181 Kelly Woods Drive Fort Myers, FL 33908

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS including but not limited to investment in real estate, management of real estate, and related activities.

ARTICLE IV

The name and Florida street address of the initial registered agent is:

Jess W. Levins Levins & Associates LLC 6843 Porto Fino Circle Fort Myers, Florida 33912

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 the 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.

Less W. Levins, Registered Agent

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ARTICLE V

The name and address of the managing members/managers are:

Name:

CAROLYN S. GREVES REVOCABLE TRUST dated 2-3-//

Carolyn S. Greves, Settlor

Title:

Managing Member

Address:

16181 Kelly Woods Drive

Fort Myers, FL 33908

Name:

KEVIN GREVES

Title:

Member

Address:

1660 Rockhurst Lane

Cincinnati, OH 45255

Name:

KIM HOLTEGEL

Title:

Member

Address:

6883 Spring Run Drive

Westerville, OH 43082

Name:

KENNETH GREVES

Title:

Member

Address:

16181 Keily Woods Drive

Fort Myers, FL 33908

ARTICLE VI

The effective date for this Limited Liability Company shall be:

Upon filing with the Secretary of State.

Signature of member or an authorized representative of a member:

CAROLYN S. OREVES REVOCABLE TRUST dated 2-3-11, Carolyn S. Greves, Trustee

MANAGING MEMBER

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