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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : 120000000019 Phone

: (305) 552-5973

Fax Number

: (305)220-1440

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

Email Address:

FLORIDA LIMITED LIABILITY CO. ZETECK, LLC.

Certificate of Status

1

Certified Copy

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Page Count

03

Estimated Charge

\$130.00

Electronic Filing Menu

Corporate Filing Menu

86/13/2011

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Act =		
ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is: ZetEck LLC Object and with the words Tomized Liability Company, "LL.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:		
4550 SW 75 Ave. 4550 SW 75th Ave. Miami FL, 33155.		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company counct serve as its own Registered Agent. You must designate an individual or another business entity with an acrive Florida registration.)		
The name and the Florida street address of the registered agent are: ALEXIG FERE (A.		
Name		
Florida street address (P.O. Box NOT acceptable)		
Miami F. 33155		
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 Registered Recolute(b)		
(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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Alexis Perera.
	Miami FL 33153
MGRM	divier carment #0
	Miami FL 33 15.5.
MGRM	Byron R. Lalama.
	Mami FL 33155.
MGRM.	Rafael Dominwez.
	Mami FL 33155
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date musto or 90 days after the date of filing.)	the date of filing:, (OPTIONAL) at be specific and cannot be more than five business days prior
	\sim
REQUIRED SIGNATURE:	
	1111
Signature of a rec	mber or an authorized representative of a member.
-	608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation of the land that any false in	under the penalties of perjury that the facts stated herein are true. aformation submitted in a document to the Department of State alony as provided for in 5.817.155, F.S.)
<u> </u>	lexis Perera.
	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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