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Effective Date 9/9/11

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SECRETARY OF STATE
ALLARASSEF FLORID

11-40301

F. HAMPTON

NEV-1 2011

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Zurich Precious Metals Grap, 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:		
Philip DiVirgilia Name of Person		
Zurich Precious Metals Grap LLC		
2729 Anzio Ct. # 204 Address		
Palm Beach Gardens, FL 33410 City/State and Zip Code		
admin a Zurichmetalsar. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kevin Luttell at (561) 856-5922 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 SEP -1 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 1, 2011

PHILIP DIVIRGILIO 2729 ANZIO CT # 204 PALM BEACH GARDENS, FL 33410

SUBJECT: ZURICH PRECIOUS METALS GROUP, LLC

Ref. Number: W11000040201

We have received your document for ZURICH PRECIOUS METALS GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 1, 2011. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 011A00018060

Effective Date 9/9/1)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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:
4360 Northlake Blud. # 208	2729 Anzio Ct. #204 Palm Beach Gardens, FL 33410
Palm Beach Gardens, FL 33410	

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:

Philip	DIVI	railio		
1	Na	ame		
2729	Anzio	G. #	204	
	Florida stree	t address (P.	O. Box <u>NOT</u>	•
Palm Bea	de Garde	ሳኔ, FL	334	0
•	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..

Philip Villiagelia Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
TALL AHASSEF, FLORID.

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kevin Luttrell 4371 Northlake Blvd. #359 Palm Boach Gardens, Fl. 33410
MGR	Philip DiVirgilio 2729 Anzio Sch. # 204 Palm Beach Garden, Fl 33410
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	te of filing: 9/9/11 (OPTIONAL) pecific and cannot be more than five business days prior
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. 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.)

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)