

# L11000118529

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (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 Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
RICARDO ZUCCOLINI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**J. BRYAN**

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**EXAMINER**

10/17/2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**RICARDO ZUCCOLINI, LLC**

**ARTICLE I**

**The me of the Limited Liability Company shall:**

**RICARDO ZUCCOLINI, LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which  
a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company is:**

**15901 COLLINS AVENUE # 2706  
SUNNY ISLES BEACH, FL 33160**

**ARTICLE IV**

**The name of the Manager (s) or Managing Member(s) shall be:**

**MANAGING MEMBER**

**BEATRIZ PARKER**

**15901 COLLINS AVENUE # 2706  
SUNNY ISLES BEACH, FL 33160**

**RICARDO ZUCCOLINI**

**19370 COLLINS AVENUE #608  
SUNNY ISLES BEACH, FL 33160**

**ARTICLE V**

**The name and the Florida street address of the registered agent:**

**THOMAS PARKER  
2900 NW 35 STREET  
MIAMI, FL 33142**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

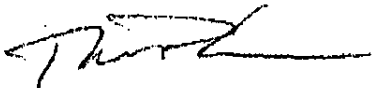
RICARDO ZUCCOLINI, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

THOMAS PARKER

Registered Agent



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.)

THOMAS PARKER

Typed or printed name of signee

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