Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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. **ZUMZUM INTERNATIONAL LLC**

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

'MANIPS 1 2012

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

EXAMINER 2012

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | 1 |
|---|----|
| ARTICLE I - Name: The name of the Limited Liability Company is: | |
| Zunzum International LLC | , |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | S. |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: | |
| | |
| # 351 miami pl. # 351 miami pl | |
| 33132 33132. | |
| 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: | |
| MARIENE ZUBIZARRETA - BORGES. | |
| Name | |
| 244 Biscarof and + 25) | |

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.

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> | Name and Address: |
|---|---|
| "MGR" = Manager | |
| "MGRM" = Managing Memb | er . |
| 1100 41 | |
| MGRM | MALLENE ZUBIZALLEM-BÓ |
| : | #351 Briani P 33132 |
| | # 331 Brown P 55132 |
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