(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. SAULSBERRY EXAMINER MAR 23 2012

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: NZ	ul shoes		
	Name of Limite	ed Liability Company	
The enclosed Articles of C	Organization and fee(s) are s	submitted for filing.	
Please return all correspon	dence concerning this matte	er to the following:	
Renple	nseh. Z. u	Jankeleh Name of Person	
NZV	Shoes		20
2611	nckeithan	Firm/Company	IZ HAR 2: EGRETAN
·		Address	O A
Tallah	15500, A 32	/State and Zip Code	AH LE
<u> </u>	eleh@uahe	OO, COM or future annual report notification)	52
For further information co	ncerning this matter, please	• ,	
Menplenseh, Winne of	ahkeleh Person	at (<u>850</u>) 341 — Area Code & Daytime Telep	9219 hone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
NZW Shoes LoL (Must end with the words "Limited Liability			
ARTICLE II - Address: The mailing address and street address of the printing address and street address and stre	ncipal office of the Limited Liability Co	mpany	is:
Principal Office Address:	Mailing Address:		
Tallahassee	egistered agent are:	2012 MAR 23	

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 Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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eror an authorized representative of a member.		
, e	date of filing: 3-26-12 (OPTI e specific and cannot be more than five busines	date of filing: 3-21-12 (OPTIONAL) e specific and cannot be more than five business days per an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document

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)

enplenseh, Z. wahkeleh Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)