

L12000051822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

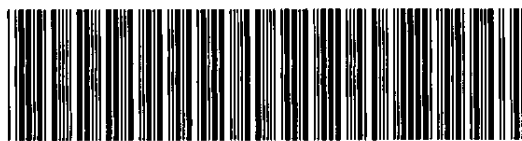
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR 17 2012

EXAMINER

# ZARCO EINHORN SALKOWSKI & BRITO

PROFESSIONAL ASSOCIATION  
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MIAMI, FLORIDA 33131

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TELEFAX (305) 374-5428

WEST PALM BEACH  
TELEPHONE (561) 721-2861  
INTERNET [www.zarcolaw.com](http://www.zarcolaw.com)

\*ALSO ADMITTED TO PRACTICE IN NJ

April 11, 2012

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

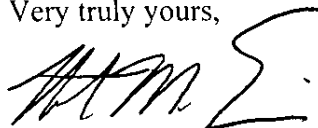
Re: ZE Holdings, LLC

Dear Sir/Madame:

Please find enclosed the completed formation documents to form the above-referenced Florida Limited Liability Company and a check made payable to the Florida Department of State for One Hundred and Twenty-Five Dollars (\$125.00) for the filing fee to form this entity.

Should you have any questions, please do not hesitate to call.

Very truly yours,



ROBERT M. EINHORN

Enclosures

cc: Robert Zarco, Esq.  
Edicsa Feliz, Comptroller

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ZE HOLDINGS, 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:

ROBERT M EINHORN

Name of Person

Firm/Company

100 SE 2ND STREET, SUITE 2700

Address

MIAMI, FL 33131

City/State and Zip Code

REINHORN@ZARCOLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT M EINHORN

Name of Person

at ( 305 ) 374-5418

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ZE HOLDINGS, LLC**

(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:**

100 SE 2ND STREET  
SUITE 2700  
MIAMI, FL 33131

**Mailing Address:**

SAME

**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:

**ROBERT M EINHORN**

Name

**100 SE 2ND STREET, SUITE 2700**

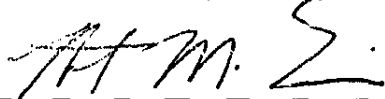
Florida street address (P.O. Box **NOT** acceptable)

**MIAMI**

**FL 33131**

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 Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ROBERT ZARCO

100 SE 2ND STREET, SUITE 2700

MIAMI, FL 33131

MGRM

ROBERT M EINHORN

100 SE 2ND STREET, SUITE 2700

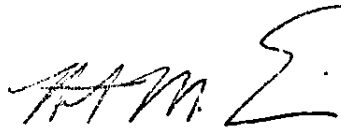
MIAMI, FL 33131

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 04/15/2012 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Robert Einhorn

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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