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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	į
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZENWAY, UC
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:
HAI NGUYEN Name of Person
Name of Person
Firm/Company
Name of Person Firm/Company 251 AYAS CT. Address
Address Address
Nutros
Address TALLAHASSEE PL. 32305. City/State and Zip Code
City/State and Zip Code
TRUBS @ ADL. COM. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HAI NAVEN at (850) 681-6245 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sq}}}}}}
Mailing Address Registration Section Registration Section

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	王 菜
ZENWAY LLC (Must end with the words Limited Liability)	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
251 AYERS CT. TAMAHASSEE, FL. 32305.	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Hai NGU	Yav
251 AVORS	ct. ress (P.O. Box <u>NOT</u> acceptable)
Florida street addi	ress (P.O. Box <u>NOT</u> acceptable)
TALAHASSEE City, Sta	FL 32305. te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

<u>l'itle:</u> "MGR" = Manager 'MGRM" = Managin	g Member	Name and Address:
MGRM		HAM NGUYEN 251 AYERS CT. THURHASSET, FL. 32305.
	• /	ate of filing: (OPTIO)
LE V: Effective date, rective date is listed, days after the date o	if other than the d the date must be s f filing.)	ate of filing: (OPTIO) specific and cannot be more than five business d
LE V: Effective date, fective date, fective date is listed, days after the date o	if other than the d the date must be s f filing.)	ate of filing: (OPTIO) specific and cannot be more than five business d Agamaa or an authorized representative of a member.
rective date is listed, days after the date of the dat	if other than the dethe date must be so filing.) TURE: ce with section 608.4 in affirmation under that any false information third degree felony a	specific and cannot be more than five business d

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)