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Certified Copies	_ Certificates	or Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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D. BRUCE

SEP 2 1 2012

EXAMINER

COVER LETTER

. TO :	Registration S Division of Co					
SUBJ	ест:	adin Inve	STMPNTS LL ted Liability Company	C		
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.			
Please	return all corresp	ondence concerning this mat	ter to the following:			
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			Name of Person			
		Zadin Inve	Storents LLC			
	_		Firm/Company			
	5	14 B n st F	2d 7			
		Loyal Palm	•	3411		
-			JUSTIM a lexmo	ntone@ hotma	il.com.	
For fur	ther information	concerning this matter, please	e call:		IAI SI	
		Martone	at (239) 233- Area Code & Daytime T	5132.	2 SEP 20 EGRETARY LLAHASSE	
	Name o	of Person	Area Code & Daytime T	elephone Number	20 FARY	FILA
Enclos	sed is a check fo	r the following amount:			AH II: OF STA	ES.
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	l 60.00 Filing Fee, certificate of Status & Certified Copy (additional copy is enclosed)	AHII: 16 OF STATE EE. FLORIDA	:
		,				
•		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited Liability Compa	any is:
Principal Office Address:	Mailing Address:	
514 B n st rd 7	514 B n st rd 7	
Royal Palm Beach, fl 33411	Royal Palm Beach, Fl 33411	
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another	12 7ALI
(The Limited Liability Company cannot serve as its or	wn Registered Agent. You must designate an individual or another	12 SE SECRE TALLAH
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another	SEP CREI
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another	SEP 20 CRETARY LAHASSE
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:	AND FILED SEP 20 AH II CRETARY OF S LAHASSEELFL
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of Justin Martone 514 B n st re	wn Registered Agent. You must designate an individual or another of the registered agent are:	AND FILED SEP 20 AH II: I CRETARY OF STA LAHASSEE, FLOR
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address of Justin Martone 514 B n st re	wn Registered Agent. You must designate an individual or another of the registered agent are: Name 7 Street address (P.O. Box NOT acceptable)	AND FILED SEP 20 AH II CRETARY OF S LAHASSEELFL

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member Mgr	Justin Martone	
Wigi	514 B n st rd 7 Royal Palm Beach, Fl 33411	
	THE HISTOF ROYALT AIM DEACH, 11 33411	
		
		
(Use attachment if necessary)		
(Use attachment if necessary)		
•	the date of filing:(OPTIONA	AL)
FICLE V: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business day	AL) ys prior
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FICLE V: Effective date, if other than n effective date is listed, the date mur 90 days after the date of filing.)	the date of filing: (OPTIONAL st be specific and cannot be more than five business day	FIL SECRETARY TALL AHASSE
FICLE V: Effective date, if other than n effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day	FIL SECRETARY TALL AHASSE
FICLE V: Effective date, if other than in effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business day Mullipped the more than five business day mber or an authorized representative of a member.	FIL SECRETARY TALL AHASSE
FICLE V: Effective date, if other than in effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of me (In accordance with section)	mber or an authorized representative of a member.	ys prior TALLAHASS
FICLE V: Effective date, if other than n effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of me (In accordance with section constitutes an affirmation to the constitutes are affirmation to the constitutes an affirmation to the constitutes are affirmation to the constitute to the constitutes are affirmation to th	mber or an authorized representative of a member. 1608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.	FIL SECRETARY TALL AHASSE
FICLE V: Effective date, if other than in effective date is listed, the date mur 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation to 1 am aware that any false in	mber or an authorized representative of a member.	FIL SECRETARY TALL AHASSE

\$125.00 Filing Fee for Articles of Organization and Designation

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