

L13000012961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

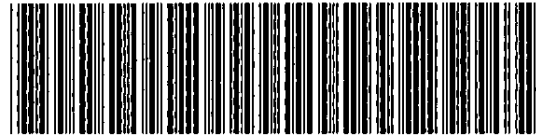
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
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2013 JAN 24 PM 1:49  
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TO AGENCY WILL USE  
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SECRETARY OF STATE  
FLORIDA  
FILED

JAN 25 7m17

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 506448 7543726

AUTHORIZATION :

COST LIMIT : \$ 125

*Spurlockman*

ORDER DATE : January 24, 2013

ORDER TIME : 11:36 AM

ORDER NO. : 506448-005

CUSTOMER NO: 7543726

DOMESTIC FILING

NAME: WZ HOLDINGS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

2013 JAN 24 AM 10:00  
SECRETARY OF STATE  
FLORIDA

FILED

(850) 245-6051

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **WZ 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:

**Rebecca Saferstein, Senior Paralegal**

Name of Person

**DLA Piper LLP (US)**

Firm/Company

**1201 W. Peachtree Street, Suite 2800**

Address

**Atlanta, Georgia 30309**

City/State and Zip Code

**rebecca.saferstein@dlapiper.com**

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

For further information concerning this matter, please call:

**Rebecca Saferstein** at **404** **736-7833**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

2013 JAN 24 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE FL 32301  
FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

WZ 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:

200 S. Biscayne Blvd, Suite 2500, Miami, FL 33131

### Mailing Address:

200 S. Biscayne Blvd, Suite 2500, Miami, FL 33131

## 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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..*



Harry B. Davis  
Asst. Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
2018 JAN 24 AM 10:00  
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TALLAHASSEE FL

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

Ricardo Zarzur

200 S. Biscayne Blvd

Suite 2500, Miami, FL 33131

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Michael A. Silva, Esq.  
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.)

Michael Silva, Authorized Representative

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)

**FILED**  
2013 JAN 24 AM 10:00  
SECRETARY OF STATE  
TREASURER  
FLORIDA