## #L13000175687

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE	CT: Lev		Toods ed Liability Company	
The end	closed Articles of Or	ganization and fec(s) are s	submitted for filing.	
Please r	eturn all correspond	ence concerning this matt	er to the following:	
-		Enc	Maritakis Name of Person	
-	Ze	n Body	Firm/Company	
-	643	Mehlen	hacher Ro	
-		Largo	FL 33774 y/State and Zip Code	
_		anya dh 2	013 @ gmail. cu	om
For furt		cerning this matter, please		
	Enc Ha	ritakis	at ( 727 ) 543 - Area Code & Daytime Telep	2843 hone Number
Enclos	ed is a check for the	ne following amount:		
<b>X</b> \$125.0		\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
	]	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Zen Boly (Must end with the words "Limited Liability	Fools LL( ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
643 Mehlenbacher Rd Largo, FL 33770	643 Mehlenbacher Rd Lango, FL 33770
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 re	agistered agent are:
Enc. Ha Name 643 Mehlenba Florida street add hargo City, Sta	ress (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

MGRM" = Managing Member	
MGR	Cric Haritakis
Use attachment if necessary)	
LE V: Effective date, if other than t	he date of filing: (OPTIO
fective date is listed, the date mu	ist be specific and cannot be more than five bus

**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.)

Enc Maritakis
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)