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(Re	equestor's Name)	
(Ad	dress)	
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(Au	uless)	
(Cit	ty/State/Zip/Phone	/ #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR-1 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SURJECT: 7 Malloy Soniage 11 C		
SUBJECT: Z. Molloy Services, LLC Name of L	imited Liability Company	·····
The enclosed Articles of Organization and fee(s)	are submitted for Clina	
	ū	
Please return all correspondence concerning this i	matter to the following:	
Zachary A. Molloy		
	Name of Person	
	Firm/Company	
9525 Boca River Circle		
	Address	
Boca Raton, FL 33434		
	City/State and Zip Code	
zmolloy07@vahoo.com		
E-mail address: (to be use	ed for future annual report notification	ation)
For further information concerning this matter, ple	ease call:	
· ·		
	561) 212-7464	
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee Status 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	Street/Courier Add	ress
Registration Section	Registration Section	tions
Division of Corporations	Division of Corporat	nona

P.O. Box 6327 Tallahassee, FL 32314

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:	
Z. Molloy Services, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9525 Boca River Circle Boca Raton, FL 33434	9525 Boca River Circle Boca Raton, FL 33434
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered agency.	egistered Agent, You must designate an individual or)
Zachary Molloy	
Name	
9525 Boca River Circle Florida street address (P.O. Box N	NOT acceptable)
Boca Raton	FL 33434
City	Zip
the place designated in this certificate. I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance rations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

14 MAR 27 PM 4: 26

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Zachary Molloy 9525 Boca River Circle Boca Raton, FL 33434	
AMBR	Karen Molloy 9525 Boca River Circle Boca Raton, FL 33434	
(Use attachment if necessary)		
CLE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) CLE VI: Other provisions, if any.	of filing; (OPTIONAL) cific and cannot be more than five business days prior to or 9	0 day
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.)	of filing; (OPTIONAL) cific and cannot be more than five business days prior to or 9	0 day
CLE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) CLE VI: Other provisions, if any.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9	0 day
CLE V: Effective date, if other than the date of effective date is listed, the date must be species of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 9	0 day
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing:	0 day

Page 2 of 2

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)