

L14000054964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

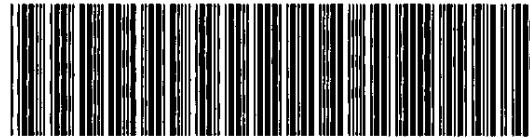
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/17/14--01055--011 **125.00

FILED
14 MAR 17 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 03 2014
S. YOUNG

EFFECTIVE DATE
2/15/14

1116-17873

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zimmline Networking, 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:

Sheila Zimmer

Name of Person

Zimmline Networking, LLC

Firm/Company

518 St. Johns Ave.

Address

Green Cove Spgs., FL 32043

City/State and Zip Code

zimmline@gmail.com

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

For further information concerning this matter, please call:

Sheila Zimmer

Name of Person

at (904) 531-9949

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of 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

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

FILED
14 MAR 17 PM 11
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zimmline Networking 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:

518 St. Johns Ave.
Green Cove Spgs., FL.
32043

Mailing Address:

518 St. Johns Ave.
Green Cove Spgs., FL.
32043

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:

Sheila Zimmer
Name

518 St. Johns Ave.

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

Green Cove Spgs. FL 32043
City 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 605, F.S.


(Registered Agent's Signature (REQUIRED))

(CONTINUED)

FILED
14 MAR 17 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

- MGR -

- MGR -

Name and Address:

Sheila Zimmer
518 St. Johns Ave
Green Cove Spgs, FL 32043

Michelle Orkline
544 Conshohocken St. Road
Bala Cynwyd, PA 19004

(Use attachment if necessary)

Effective Date February 15th 2014
52

ARTICLE V: Effective date, if other than the date of filing: ~~March 1, 2014~~ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Sheila Zimmer

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
14 MAR 17 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2014

SHEILA ZIMMER
518 ST JOHNS AVE
GREEN COVE SPRINGS, FL 32043

SUBJECT: ZIMMLINE NETWORKING, LLC
Ref. Number: W14000017873

We have received your document for ZIMMLINE NETWORKING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 17, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 714A00006034

FILED
14 MAR 17 PM 6:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA