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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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2. BRUCE

COVER LETTER

TO: Registration Division of C	n Section Corporations			
SUBJECT: Z Empi	ire, LLC			
		mited Liability Company		
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corre	espondence concerning this m	natter to the following:		
Tova Sh	aban, Esq.			
		Name of Person		
Seyburn	Kahn, P.C.			
		Firm/Company		
2000 To	wn Center			
		Address		
Southfiel	ld, Michigan 48075-1195			
	(City/State and Zip Code		
tshaban@seyb				_
	E-mail address: (to be use	d for future annual report notification	ation)	3
For further information	on concerning this matter, ple	ase call:	ation)	True:
Tova Shaban, Esq.	nt (248) 353-7620		
	ne of Person		lephone Number	
			<u>ලිට</u> ය	Trough
Enclosed is a check for	or the following amount:		**************************************) I
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	d)
	iling Address istration Section	Street/Courier Add Registration Section	ress	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must e	nd with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principa	al office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
16958 US Highway 41 So	uth	16958 US Highway 41 South	
Spring Hill, Florida 34610		Spring Hill, Florida 34610	- -
(The Limited Liability Comp	any cannot serve as its o	ice, & Registered Agent's Signature: own Registered Agent. You must designate an indiv	·idu al
(The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its o an active Florida registra	own Registered Agent. You must designate an indivation.)	APR 17
(The Limited Liability Comp another business entity with The name and the Florida str	any cannot serve as its o an active Florida registrated eet address of the registe na Zaitshik	own Registered Agent. You must designate an indivation.)	APR 17 PM
(The Limited Liability Comp another business entity with The name and the Florida stro <u>Mari</u>	any cannot serve as its o an active Florida registrated eet address of the registe na Zaitshik	own Registered Agent. You must designate an indivation.) ered agent are:	APR 17 PM 3:
(The Limited Liability Comp another business entity with The name and the Florida stro <u>Mari</u>	any cannot serve as its of an active Florida registrated address of the registed na Zaitshik	own Registered Agent. You must designate an indivation.) ered agent are:	APR 17 PM
(The Limited Liability Companother business entity with The name and the Florida stro Mari 1695 Flor	any cannot serve as its o an active Florida registra eet address of the registe na Zaitshik Na 58 US Highway 41 So	own Registered Agent. You must designate an indivation.) ered agent are:	APR 17 PM 3:

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)

Page 1 of 2

(CONTINUED)

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.) Marina Zaitshik, Manager and Member Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: cettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing. E. 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 and a manager and manager and degree felony as provided for in s.817.155, F.S.) Marina Zaitshik, Manager and Member Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	MGR and AMBR	Marina Zaitshik
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		16958 US Highway 41 South
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		Spring Hill, Florida 34610
(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		
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