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(Re	questor's Name)	
(Ade	dress)	
(Ade	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

	egistration Section vision of Corporations
SUBJECT	BY ZAHRA
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	ZAHRA PRIDDLE
	Name of Person
	Firm/Company
	360 S.E. MIZNER BLVD. APT. 1504
	Address
	BOCA RATON, FL 33432
	City/State and Zip Code
	ZPRIDDLE @ HOTMAIL. COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
ZAH	RA PRIODLE at (561) 213 5436
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
3 \$125 .00 Fi	ling Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:			
BY ZAHRA	LLC			
(Must end with the word	ls "Limited Liability Co	mpany, "L.L.C.," o	r "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the L	imited Liability Co	mpany is:	
Principal Office Address:	Mailing	Address:	_	
360 SE MIZNER BLVD. # 1504 BOCA RATON FL 3343	7150	O SE MIT OH A RATON F	ZNER BL 2 3343	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered A	d Agent's Signatu Agent. You must de	re: signate an individ	lual or
The name and the Florida street address of the				
ZAHRA	PRIDDLE			
24 05	Name		150 th	
	MIZNER B		.1504	
	s (P.O. Box <u>NOT</u> accep			
BOCA RAT	ON FL	33432. Zip		
City	,	Zip		
Having been named as registered agent and the place designated in this certificate, I he capacity. I further agree to comply with the of my duties, and I am familiar with and ac	ereby accept the appoint provisions of all statutes	ment as registered a s relating to the prop ny position as regist	ngent and agree to oer and complete	o act in this performance
X	2Anddle		TAI S	_
Registered Ag	ent's Signature (REQU'	IRED)	LAN.	H T
(6	CONTINUED)		* ***<	Postures.
	Page 1 of 2		or STATE	N M

<u>Title:</u>	Name and Address:
AMBR" = Authorized Member	•
MGR" = Manager AMBR	ZAHRA PRIDOVE
	360 SE MIZNER BLVD.
	#1504, BOCA RATON FL 334
	- All the state of
V: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: $05/01/2014$ (OPTIONAL) excific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sp [filling.]	e of filing: 05/01/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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