## # L1400B647478

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700260854427

06/18/14--01001--024 \*\*125.00

TAIL AND THE STREET ON DAY SHOW OF THE STREET ON DAY SHOW OF THE STREET ON DAY.

CORPDIRECT AGENTS, INC. (formerly CCRS) **515 EAST PARK AVENUE** TALLAHASSEE, FL 32301 222-1173

## FILING COVER SHEET

ACCT. #FCA-23 **CONTACT: SAVANNAH DEBOER** DATE: 06/17/2014 **REF. #:** 4825166.9181456 CORP. NAME: **ZULU 360 LLC** ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( XX ) LIMITED LIABILITY ( ) REINSTATEMENT () MERGER () WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK # 70022071 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$ PLEASE RETURN: ( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING

**Examiner's Initials** 

(XX) PLAIN STAMPED COPY ( ) CERTIFICATE OF STATUS

## **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT:		nited Liability Company	
The enclosed A	Articles of Organization and fee(s) a	re submitted for filing.	
Please return a	Il correspondence concerning this m	atter to the following:	
<u>C</u> ;	arol A. Regula	Name of Person	
		name of reison	
<u>Ze</u>	nerji LLC		
		Firm/Company	
P(	D Box 7189		
	•	Address	
<u>Na</u>	ples, FI 34101-7189	ity/State and Zip Code	
		nty/State and Zip Code	
_carol.reg	ula@fisc.com E-mail address: (to be use	d for future annual report notifica	ntion)
For further info	ormation concerning this matter, plea	ase call:	
	-		
Carol A. Reg			
	Name of Person	Area Code Daytime Tel	lephone Number
Enclosed is a c	heck for the following amount:		
☑ \$125.00 Filing		□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fec, 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Zulu 360 LLC (Must end with the words "Li	mited Liability Company, "L.L.C.," or "Ll	LC.")
ARTICLE II - Address:		
The mailing address and street address of the princ	ipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
5801 Pelican Bay Blvd., Suite 104	PO Box 7189	
Naples, FL 34108	Naples, FL 34101-7189	
	ffice, & Registered Agent's Signature:	ote an individual or
	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa	ate an individual or
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa stration.)	1 1 mm
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa stration.)	57 Phy. 7
(The Limited Liability Company cannot serve as it another business entity with an active Florida registre name and the Florida street address of the registre.  A. Keith Machen	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa stration.) stered agent are:	1 1 mm
(The Limited Liability Company cannot serve as it another business entity with an active Florida registre name and the Florida street address of the registre.  A. Keith Machen	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa stration.)	57 Phy. 7
(The Limited Liability Company cannot serve as it another business entity with an active Florida registric The name and the Florida street address of the registric A. Keith Machen	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa stration.) stered agent are: Name	TÄLLÄHÄÄN
(The Limited Liability Company cannot serve as it another business entity with an active Florida registre name and the Florida street address of the registre.  A. Keith Machen	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa stration.) stered agent are: Name Suite 104	TÄLLÄBÄÄA ETE
(The Limited Liability Company cannot serve as it another business entity with an active Florida registre name and the Florida street address of the registre.  A. Keith Machen  5801 Pelican Bay Blvd	ffice, & Registered Agent's Signature: s own Registered Agent. You must designa stration.) stered agent are: Name Suite 104	TALLABATA E

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)

Page 1 of 2

Title: "AMBR" = Authorized N "MGR" = Manager	<b>Member</b>	Name and Address:		
MGR		Addison M. Fischer 5801 Pelican Bay Blvd. Suite 104 Naples, FL 34108		<del>-</del> 
				<u> </u>
				_
				- -
				- -
E V: Effective date, if oth	er than the date of filing:	(OF	TIONAL)	_
ective date is listed, the d of filing.) E VI: Other provisions, if	ner than the date of filing; ate must be specific and any.	(OF	TIONAL) ys prior to or	- 90 d
E V: Effective date, if other ective date is listed, the doffiling.)  E VI: Other provisions, if	ner than the date of filing; ate must be specific and any.	l cannot be more than five business day	PTIONAL) ys prior to or	90 d
E V: Effective date, if other ective date is listed, the doffiling.)  E VI: Other provisions, if	ner than the date of filing: ate must be specific and any.  RE:	l cannot be more than five business da	PTIONAL) ys prior to or	90 d
E V: Effective date, if oth ective date is listed, the doffiling.)  E VI: Other provisions, if all lawful business  REQUIRED SIGNATU	are than the date of filing: ate must be specific and any.  RE:	a. Regula	ys prior to or	90 d
E V: Effective date, if other ective date is listed, the doffiling.)  E VI: Other provisions, if all lawful business  REQUIRED SIGNATU  Sig  (In accordance constitutes an all am aware that	any.  RE:  Marker  any.  RE:  mature of a member or with section 605.0203 (1 ffirmation under the pensany false information su	an authorized representative of a mer  (b), Florida Statutes, the execution of alties of perjury that the facts stated here abmitted in a document to the Department	mber. this document are true.	
E V: Effective date, if other ective date is listed, the diffiling.)  E VI: Other provisions, if all lawful business  REQUIRED SIGNATU  Sig  (In accordance constitutes an all am aware that	any.  RE:  mature of a member or with section 605.0203 (1 ffirmation under the pensany false information suited degree felony as prov	an authorized representative of a mer  (b), Florida Statutes, the execution of alties of perjury that the facts stated here ibmitted in a document to the Department ided for in s.817.155, F.S.)	mber. this document are true.	
E V: Effective date, if other ective date is listed, the diffiling.)  E VI: Other provisions, if all lawful business  REQUIRED SIGNATU  Sig  (In accordance constitutes an all am aware that	any.  RE:  mature of a member or with section 605.0203 (1 ffirmation under the pensany false information suited degree felony as prov	an authorized representative of a mer  (b), Florida Statutes, the execution of alties of perjury that the facts stated here abmitted in a document to the Department	nber. this document in are true, at of State	