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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	s #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special instructions to	Filing Officer:	
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Office Use Only



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UN 2 4 2014 J. BRUCE

## COVER LETTER

TO: Registration Division of C					
SUBJECT: Zinturo	Name of Lin	nited Liability Company	<del></del>		
	of Organization and fee(s) as	•			
Please return all corre <u>Jennifer</u>	spondence concerning this m Bernaras	atter to the following:			
		Name of Person		<b>-</b> .	
		Firm/Company			
<u>763 W. 4</u>	1st Street suite f	Address		<del>-</del> .	
Miami Be	each, Florida 33140	ity/Siste and Zip Code		- 3	
benzydealz@or	nail com	d for future annual report notifica	tion)	M JUN 20	1
For further information	n concerning this matter, ple	ase call:	1. 2. 3. 3.	. P	
Shalom geffen Nar	at (at (	786 ) 2199706 Arêa Code Daytime Tel	ephone Number	12:09	Str. 6 Chair Str. 10 Chair Str
Enclosed is a check for	or the following amount:				
☑ \$125.00 Fiting Fee	Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cis160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is encl	&	
	iline Address distration Section	Street/Courier Add Registration Section	<u>Cess</u>		

Mailine 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

HURE BILBS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	A CONTRACTOR OF THE PROPERTY O	ANI		
Zinturon LLC (Must end with the words "Limited	d Liability Company, "L.L.C.," or "LL	C.")		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Compan	v is:		
Principal Office Address:	Malline Address:	y . <u></u> .		
763 W 41st Street_suite F Miami Beach, FL 33140	763 W 41st Street suite F Miami Beach, FL 33140			
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered	n Registered Agent. You must designation.)	e an individual o	t	
Jennifer Bemaras	a agont me.			
Name	<b>D</b>		•	
763 W 41st Street Florida street address (P.O. Bot	x NOT acceptable)			
Miami Beach City	FI. 33140 Zip			
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	pt the appointment as registered agent of all statutes relating to the proper an bilgations of my position as registered a oter 605, F.S	and agree to act i d complete perfo	in this rmance	
(CONTINU	UED)		N JUN 20	T
Page Lof.	2	STEE FLORIDA	20 PM 2: 09	11

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HOEKBACH ASSUCIATES

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	<del>-</del>
"MGR" = Manager	laurilles Camerra
MGR	Jennifer Semaras 763 W 41st street suite f
	Miami Beach, FL 33140
	Mile III. Separation C. Gold 1-72
<u> </u>	
(Use attachment if necessary)	
E VI: Other provisions, if any.	
^ ' •	
reoured signature:	
Signature of a mem (In accordance with section 605., constitutes an affirmation under the section forms and the section forms are that any false informs.)	iber or Eo Lathorized representative of a member.  0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State
Signature of a mem (In accordance with section 605, constitutes an affirmation under to 1 am aware that any false information constitutes a third degree felony in the constitutes as the the constitut	ther or Educathorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
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Signature of a mom (In accordance with section 605, constitutes an affirmation under to I am aware that any false information constitutes a third degree felony in the Jennifer Bernaras  \$125.00 Filling Fee for Articles of Organs 30,00 Certified Copy (Optional)	ther or En Lathorized representative of a member.  20203 (1) (b), Florida Stanutes, the execution of this document the penalties of perjury that the facts stated herein are true, as provided in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  mization and Designation of Registered Agent
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