

07/01/2014 10:59  
8/30/2014

L14000105276

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000156472 3)))



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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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To:

Division of Corporations  
Fax Number : (850) 617-6383

EFFECTIVE DATE

6/27/14

From:

Account Name : CIKLIN LUBITZ MARTENS & O'CONNELL  
Account Number : 076376001447  
Phone : (561) 832-5900  
Fax Number : (561) 833-4209

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rcrane@ciklinlubitz.com

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14 JUL -1 AM 11:00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
ZANA Oceanfront LLC

Certificate of Status	0
Certified Copy	1
Page Count	03 + 01 = 4
Estimated Charge	\$155.00

07/01/2014 11:04

850-617-6381

(FAX)

P.004/004

7/1/2014 8:18:00 AM PAGE 1/001 Fax Server



July 1, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CIKLIN LUBITZ

SUBJECT: ZANA OCEANFRONT LLC  
REF: W14000040507

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H14000156472  
Letter Number: 714A00014173

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14 JUL - 1 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H14000156472 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZANA Oceanfront 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:

Mailing Address:

801 B.N. Dixie Highway  
West Palm Beach, FL 33401

P.O. Box 2558  
Palm Beach, FL 33480

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:

Robert L. Crane, Esq.  
Name

515 N. Flagler Drive, 20th Floor  
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33401  
City Zip

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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)

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**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

**Name and Address:**

Zdzislaw Ciomek  
801 B.N. Dixie Highway  
West Palm Beach, FL 33401

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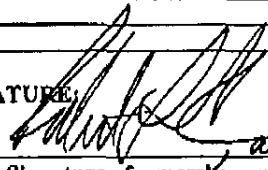
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 27, 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:**

 authorized representative

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.)

Robert L. Crane, Esq.  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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)

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