

L14000142503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

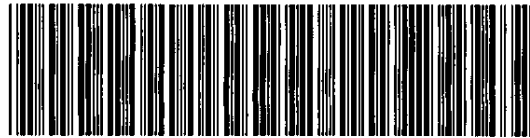
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 11 2014

A. LUNT

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08/19/14--01019--019 **21.25

07/21/14--01008--019 **128.75

FILED
2014 SEP -8 PM 12:53
TALLAHASSEE, FL 32309



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2014

Z EASTERN ENTERPRISE LTD. CO.
509 6TH AVENUE SW
LARGO, FL 33770

SUBJECT: Z EASTERN ENTERPRISE LTD. CO.
Ref. Number: W14000044983

RT
14 AUG -5 PM 3:04
TALLAHASSEE, FL 32314

We have received your document for Z EASTERN ENTERPRISE LTD. CO. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 114A00015733



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

Z EASTERN ENTERPRISE LTD. CO.
509 6TH AVENUE SW
LARGO, FL 33770

SUBJECT: Z EASTERN ENTERPRISE LTD. CO.
Ref. Number: W14000044983

We have received your document for Z EASTERN ENTERPRISE LTD. CO.. However, the document has not been filed and is being returned for the following:

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 714A00017807

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z Eastern Enterprise Ltd. Co.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Travis Zirnheld
Name of Person

Z Eastern Enterprise Ltd. Co.
Firm/Company

509 6th Ave. SW
Address

Largo, FL 33770
City/State and Zip Code

Travis@ZEasternEnterprise.com
E-mail address: (to be used for future annual report notification)

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2014 SEP -8 PM 4:53
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Travis Zirnheld at (502) 931-3829
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
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 Address
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:

The name of the Limited Liability Company is:

Z Eastern Enterprise 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:

509 6th Ave. SW

509 6th Ave. SW

Largo, FL 33770

Largo, FL 33770

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:

Travis Zirnheld

Name

509 6th Ave. SW

Florida street address (P.O. Box **NOT** acceptable)

Largo, FL 33770

City

Zip

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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2014 SEP -8 PM 4:53
ALL AMERICAN FIDELITY

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

AMBR = Authorized Member

MGR = Manager

AMBR

Name and Address:

Travis Zirnheld

509 6th Ave. SW

Largo, FL 33770

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/31/14 (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:



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.)

Travis Zirnheld

Typed or printed name of signee

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)

2014 SEP 8 PM 4:53
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/11/14 BY 60322
UCBAW/STP

2014 SEP -8 PM 4:53

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