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SECRETARY OF STATE.

Name:

Firas M. Jarrar

Address:

2684 SW Windship Way

Stuart, FL. 34997

Mobile:

(561) 267-6526

COVER LETTER

Division of Corporations			
SUBJECT: Z3 GLOBAL LLC Name of Lir	nited Liability Company		
The enclosed Articles of Organization and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
FIRAS M. JARRAR			
	Name of Person		
Z3 GLOBAL LLC			
	Firm/Company		
2684 SW WINDSHIP WAY	Address		
	Address		
STUART, FL. 34997	City/State and Zip Code		
firasmi@icloud.com	Enty/State and Zip Code		
E-mail address: (to be use	d for future annual report notifica	ation)	
For further information concerning this matter, ple	ase call:	SEC	
GLYNN R. MILLER at (A NET	4-1-1
Name of Person	Area Code Daytime Te	lephone Number S	ig Eorgange, european,
Enclosed is a check for the following amount:		E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed	1300 de 1
Mailing Address	Street/Courier Add	<u>ress</u>	
Registration Section Division of Corporations	Registration Section Division of Corpora	tions	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Z3 GLOBAL 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: Z884 SW WINDSHIP WAY STUART, FL, 34997 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: GURMEET SCHAWLA Name 2884 SW WINDSHIPWAY Florida street address (P.O. Box NOT acceptable) STUART 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 agent to agent this capacity. I further agree to compty with the provisions of all statutes relating to the proper and compile performance of my duties, and I am familiar with and accept the obligations of my position as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept the appointment as registered agent and agreed to accept th	(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: 2684 SW WINDSHIP WAY STUART, FL. 34997 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 registered agent are: GLIRMEET SCHAWLA Name 2684 SW WINDSHIPWAY Florida street address of the registered agent are: GLIRMEET SCHAWLA Name 2684 SW WINDSHIPWAY Florida street address (P.O. Box NOT acceptable) STUART FL 34997 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 digite to age in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and online proplemance of my duties, and I am familiar with and accept the obligations of my position as registered agent and for in the Registered Agent's Signature (REQUIRED) (CONTINUED)	ARTICLE I - Name:	
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<u>Title:</u> "AMBR" = Authorized M	Name and Address:
"MGR" = Manager AMBR	GLYNN R. MILLER
	12858 PACKWOOD RD. N. PALM BEACH, FL. 33408
AMBR	LANCE VAN RIPER
	936 MILL CREEK DR. PALM BEACH GARDENS, FL. 33410
AMBR	FIRAS M. JARRAR
	2684 SW WINDSHIP WAY STUART, FL. 34997
	GTOANI, I L. 04881
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ARTICLE IV-

Page 2 of 2