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Special Instructions	to Filing Officer:	

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SECRETARY OF STATE
AND AMASSEE, FLORID



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2014

JOHN HESSE 6385 EMERALD PINES CIRCLE FT MYERS, FL 33966

SUBJECT: THE PAZ COMPANY, LLC

Ref. Number: W14000058464

We have received your document for THE PAZ COMPANY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00020471

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Paz Company, LLC Name of I	Limited Liability Company
1.6.1.2	Zimos Ziaomiy Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
John Brian Hesse	Name of Person
	Name of Ferson
Paz Spirit	Firm/Company
•	rimicompany
6385 Emerald Pines Circle	
	Address
Fort Myers, Florida 33966	
	City/State and Zip Code
johnbhesse@gmail.com E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, p	lease call;
John Hesse at Name of Person	(239) 225-5700 Area Code Daytime Telephone Number
	2.5 Color Co
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u>	Street/Courier Address
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	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:
PAZ SPIRIT, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
6385 Emerald Pines Circle 6385 Emerald Pines Circle Fort Myers, Florida 33966 Fort Myers, Florida 33966
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:
John B. Hesse
Name
6385 Emerald Pines Circle Florida street address (P.O. Box NOT acceptable)
Fort Myers FL 33966
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)

Page 1 of 2

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

Use attachment if necessary) V: Effective date, if other than the date of filing:	"MGR" = N		
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) 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 as third degree felony as provided for in s.817.155, F.S.) John B. Hesse Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Cony (Ontional)	AMBR		
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