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(Re	questor's Name)	
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TALLAHASSEE, FLORID

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T. HAMPTON

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/18/14

NAME:

ZEZE LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

TO: Registration Division of	n Section Corporations	,	
SUBJECT: Zeze	LC		
	Name of Li	mited Liability Company	
	of Organization and fee(s) a	-	
reast return an cont	spondence concerning and a	atter to the following.	
Sérgio C	Cury Meirelles		
		Name of Person	
Private /	Advising Group, PA	Firm/Company	
600 Bric	kell Avenue. Suite 1607		
		Address	
<u>Miaml. F</u>	(.33131	City/State and Zip Code	<del>".</del>
_seroio@private	-advising.com		
	E-mail address: (to be use	d for future annual report notifica	ation)
For further information	n concerning this matter, ple	ase call:	
Sérgio Cury Meirell	es at (_ me of Person		lephone Number
Pai	ne of Ferson	Area Code Daytime Te	rephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Iling Address istration Section	Street/Courier Add Registration Section	ress

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Zeze LLC	31:-1:05.0		
(Must end with the words "Limite	ia Liability C	ompany, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the	Limited Liability C	ompany is:
Principal Office Address:	Mailing	Address:	
3470 Fast Coast Ave Ap 2109 Miaml. Florida 33137		ast Coast Ave Ap Florida 33137	2109
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 registeres.	n Registered . ion.)		
Carmen Ro	driguez		
Nam			
3470 East Co	nast Ave An	2109	
Florida street address (P.O. Bo			
N. Flarance	F.	00407	
Miami City	FL	33137 Zip	
Having been named as registered agent and to accept so 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 ol	pt the appoints of all statute	tment as registered is relating to the pro my position as regis	agent and agree to act in this oper and complete performance
Registered Agent's Sign	ature REQU	(I)ED)	<del>-</del>
Carm	nen Rodrig	guez	14 SE
(CONTINU	U <b>ED)</b>		FIL 14 DEC 18 SECRETAR TALLAHASS
Page 1 of	2		FILED.  14 DEC 18 AM II: 01  SECRETARY OF STATE ALLAHASSEE, FLORIDA

₹**5**4

AMBR" = Authorized Member  MGR" = Manager  AMBR  Carmen Rodriguez  3470 East Coast Ave Ap 2109  Miami. Fiorida 33137  AMBR  Felipe Ortiz  3470 East Coast Ave Ap 2109  Miami. Florida 33137   Jse attachment if necessary)  V: Effective date, if other than the date of filing:	<u> Citle:</u>	Name and Address:
MBR  Carmen Rodriguez 3470 East Coast Ave Ap 2109 Miami. Fiorida 33137  Felipe Ortiz 3470 East Coast Ave Ap 2109 Miami. Fiorida 33137  V: Effective date, if other than the date of filing:  (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signatures mamber or spatiate itself representative of a member. (In accordance with a manufacture of the period of this document constitutes an affirmation under the penalties of perjury that the fact 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.)  Carmen Rodriguez Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AMBR" = Authorized Member	
MBR  Carmen Rodriguez 3470 East Coast Ave Ap 2109 Miami. Fiorida 33137  Felipe Ortiz 3470 East Coast Ave Ap 2109 Miami. Fiorida 33137  V: Effective date, if other than the date of filing:  (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signatures mamber or spatiate itself representative of a member. (In accordance with a manufacture of the period of this document constitutes an affirmation under the penalties of perjury that the fact 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.)  Carmen Rodriguez Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGR" = Manager	
Miami. Florida 33137  Felipe Ortiz 3470 East Coast Ave Ap 2109 Miami. Florida 33137  V: Effective date, if other than the date of filing:	AMBR	Carmen Rodriguez
Miami. Florida 33137  Felipe Ortiz 3470 East Coast Ave Ap 2109 Miami. Florida 33137  V: Effective date, if other than the date of filing:		
Signature	•	
Signature		
Wise attachment if necessary)  V: Effective date, if other than the date of filing:	AMBR	
Use attachment if necessary)  V: Effective date, if other than the date of filing:		
V: Effective date, if other than the date of filing:		Miami, Florida 33137
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Signal proof a member or an authorized representative of a member.  (In accordance with section be 2005 (TEC), for a spit 4s, the execution of this document constitutes an affirmation under the penalties of perjury that the faces 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.)  Carmen Rodriguez  Typed or printed name of signee  Filling Fees:  S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	tive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
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