

L15000019038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

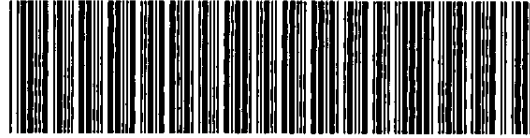
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900268410089

01/21/15--01038--010 **125.00

FILED
2015 JAN 21 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FEB 02 2015
J. BRUCE

EFFECTIVE DATE 01/15/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zivot LLC
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:

Eduardo Palermo, Jr.
Name of Person

Zivot LLC
Firm/Company

14528 Lake Price Drive
Address

Orlando, FL 32826
City/State and Zip Code

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

For further information concerning this matter, please call:

Eduardo Palermo, Jr. at (934) 562-9128
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

2015 JAN 21 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Zivot 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:

600 Stanton Lane
Weston, FL 33326

Mailing Address:

14528 Lake Price Drive
Orlando, FL 32826

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:

Eduardo Palermo, Jr.
Name

14528 Lake Price Drive
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32826
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.

FILED
2015 JAN 21 PM 4:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 01/15/15

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager <u>Founder</u>	<u>Eduardo Palermo, Jr.</u> <u>14528 Lake Price Drive</u> <u>Orlando, FL 32826</u>
<u>CEO</u>	<u>Eduardo Palermo, Jr.</u> <u>14528 Lake Price Drive</u> <u>Orlando, FL 32826</u>
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 15, 2015 (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.)

Eduardo Palermo, Jr.
Typed or printed name of signee

2015 JAN 21 PM 4:27
FILED
DEPARTMENT OF STATE
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)