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| Special Instructions to f | Filing Officer: | |
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Office Use Only



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02/11/15--01016--013 **125.00 Effective Date 2/9/15



FEB 1 8 2015 **T. HAMPTON**

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: AB ZEN L.L 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: |
| Amy Bohlander Name of Person |
| Firm/Company |
| 6312 Butlers Creat DR. |
| Bradenton, FL. 34203 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Any Bohlander at (804) 334. T110 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Effective Date 2 9 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|--|
| (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal off | |
| Principal Office Address: | Mailing Address: |
| Amy Bohlander Same as mailing address | 16312, Butlers Crept DR. Briadenton, FL 342 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration | Registered Agent. You must designate an individual or |
| The name and the Florida street address of the registered a | igent are: |
| Amy Bor | Mander |
| 6312 Butlers Florida street address (P.O. Box | CTEST DR. NOT acceptable) |
| Brader Yon City | FL 34703 Zip |
| the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli | vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in tree foot, F.S |
| Registered Agent's Signatu | |
| (CONTINUE | D) ALS T |
| Page 1 of 2 | SECRETARY OF STATE OF |

| "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| 1/4 | NA |
| | |
| (Use attachment if necessary) | |
| effective date is listed, the date must be speci te of filing.) | ific and cannot be more than five business days prior to or 90 day |
| • | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE: Signature of a meml (In accordance with section 605.0 constitutes an affirmation under the section of the | ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| REOUIRED SIGNATURE: Signature of a meml (In accordance with section 605.0 constitutes an affirmation under the section and t | ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. attion submitted in a document to the Department of State as provided for in s.817.155, F.S.) Bowlede Typed or printed name of signee Filing Fees: nization and Designation of Registered Agent |

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

ARTICLE IV-