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(Re	questor's Name)	·
(Ad	dress)	·
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: PALM OF ZION, LLC Name of	Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
	Laura Mancinelli	Name of Person	
		Firm/Company	
	8733 Stone Harbour Loop	Address	
	Bradenton, FL 34212	City/State and Zip Code	
<u>.ia</u>	uraman87@gmail.com E-mail address: (to be u	ised for future annual report notifica	ation)
For fu	ther information concerning this matter, p	olease call:	
Laura	Mancinelli at Name of Person	(<u>973</u>) <u>519.5121</u> Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	0 Filing Fee San Certificate of Status	2 □\$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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
PALM OF ZION, LLC (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	fice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
8733 Stone Harbour Loop Bradenton, FL 34212	8733 Stone Harbour Loop Bradenton, FL 34212	.		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	Registered Agent. You must designate an indivi .)		9815 NAR -	FIL
Laura Mancinelli Name) 12 년 12 년	ω	
8733 Stone Harbour Loop Florida street address (P.O. Box)	NOT acceptable)		메 2: 42	
Bradenton,	FL 34212	_		
City	Zip			
Having been named as registered agent and to accept serve 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 obliging Chapte Registered Agent's Signature.	the appointment as registered agent and agree of all statutes relating to the proper and complete gations of my position as registered agent as proper 605, F.S	to act in this e performanc	ce	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Peter D. Mancinelli
	8733 Stone Harbour Loop
	Bradenton, FL 34212
MGR	Laura Mancinelli
	8733 Stone Harbour Loop
	Bradenton, FL 34212
(Heaptrachment if necessary)	
	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 days after
LE V: Effective date, if other than the	
LE V: Effective date, if other than the fective date is listed, the date must be of filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days afte
E V: Effective date, if other than the fective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 days after
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LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation)	A Manaulu a member or an authorized representative of a member.
E V: Effective date, if other than the fective date is listed, the date must hof filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	Manculla a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the fective date is listed, the date must hof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	Manage of the more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be specificated by the specific and cannot be specific and cannot be spec
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)