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T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Zahide Veronica Wallace, LLC Name of Li	imited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Zahide Veronica Wallace	Name of Person	
	Zahide Veronica Wallace, LLC	Firm/Company	
	10066 Iverson Drive	Address	
	Orlando, FL 32832	City/State and Zip Code	
Zá	ahide@myhouseorlando.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
<u>Zahid</u>	e Veronica Wallace at (Name of Person		lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	0 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	Street/Courier Add Registration Section Division of Corporal 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:		
Zahide Veronica Wallace, 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 pri	incipal office of the Limited Liability Comp	pany is:
Principal Office Address:	Mailing Address:	
10066 Iverson Drive Orlando, FL 32832	10066 Iverson Drive Orlando, FL 32832	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Agent. You must desig	
The name and the Florida street address of the re	egistered agent are:	
Zahide Veronica Wall	ace Name	
10066 Iverson Drive Florida street address (I	P.O. Box NOT acceptable)	
Orlando	FL 32832	
City	Zip	
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the pro of my duties, and I am familiar with and accept Registered Agent	by accept the appointment as registered age ovisions of all statutes relating to the proper	ent and agree to act in this and complete performance
(00	NTINUED)	
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Zahide Veronica Wallace 10066 Iverson Drive Orlando, FL 32832
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
CLE VI: Other provisions, if any.	

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.)

> Zahide Veronica Wallace Typed or printed name of signee

> > 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)

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