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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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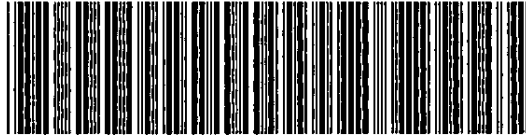
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE

3/17/15

03/19/15--01013--003 \*\*125.00

REGISTERED OPERATOR  
15 MAR 19 PM 1:47

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M. MILLIGAN  
EXAMINER

APR 13 2015

*[Faint handwritten text]*

**GLICKMAN, WITTERS & MARELL, P.A.**  
ATTORNEYS AT LAW  
THE CENTURION  
SUITE 1101  
1601 FORUM PLACE  
WEST PALM BEACH, FL 33401

GARRY M. GLICKMAN  
CURTIS L. WITTERS  
BOARD CERTIFIED IN MARITAL AND FAMILY LAW  
WILLIAM J. MARELL  
FERRIS G. SOLOMON, JR.  
JOSEPH R. LOWICKY (10/11/56-1/18/13)

TELEPHONE  
(561) 478-1111

TELECOPIER  
(561) 478-2433

EMAIL: GLICKMAN@GWMLAWYERS.COM

March 17, 2015

**Via Federal Express**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Reference: **ZEKE, LLC**

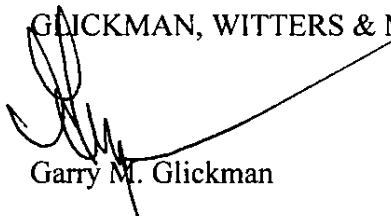
Gentlemen:

We are enclosing one original and a duplicate copy of the Articles of Organization for the above referenced proposed company together with a Designation of Registered Agent and Acceptance of Designation. The duplicate copy of the Articles have been subscribed and acknowledged by the subscriber in the same manner as the original.

Please endorse your approval of the Articles of Organization on the duplicate copy, certify and return it to us. Enclosed is our check in the amount of \$125.00 for the filing of these documents

Sincerely,

GLICKMAN, WITTERS & MARELL, P. A.



Garry M. Glickman

GMG:sn  
Enclosures (as noted above)

EFFECTIVE DATE

3/17/15

**ARTICLES OF ORGANIZATION**

**OF**

**ZEKE, LLC**

The undersigned authorized representative hereby forms a limited liability company under the laws of the State of Florida:

**ARTICLE I**

**COMPANY NAME**

The name of this company is:

**ZEKE, LLC**

**ARTICLE II**

**COMMENCEMENT**

The existence of the Company shall commence on March 17, 2015, the date of signing hereof, provided that same shall be filed with the Florida Secretary of State within the time authorized by Statute.

**ARTICLE III**

**MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY**

The mailing address and the street address of the principal office of the limited liability company is 97 Wallingford Street, Frostproof, Florida 33843.

**ARTICLE IV**

**REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS**

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

ARTICLE VII

RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §605.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Operating Agreement then in existence.

7.3 Non-Assignability of Membership Interest:

a) No Member may assign his/her Company interest in whole or in part without the express written consent of 100% of the Company's members, including the member attempting to assign his/her interest.

b) The assignee of a member's interest shall have no right to participate in the management of the business and affairs of the Company:

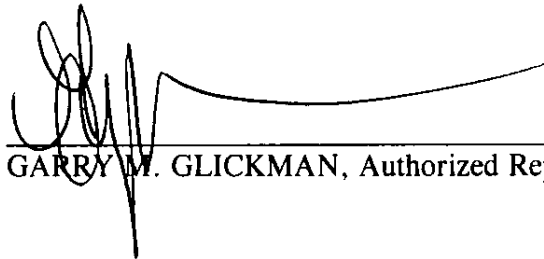
i) without the express written consent of 100% of the members of the limited liability company including the member assigning the limited liability interest, and

ii) as provided in the Operating Agreement, and

iii) in compliance with any procedure provided for in the Operating Agreement.

c) No interest of any member shall be subject to forced assignment by any court of law.

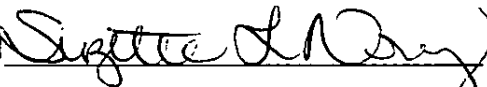
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed the Articles of Organization, this 17th day of March, 2015 and affirms that the Company has at least one member as of the effective date of these Articles.

  
GARRY M. GLICKMAN, Authorized Representative

STATE OF FLORIDA            ]  
  ] ss:  
COUNTY OF PALM BEACH    ]

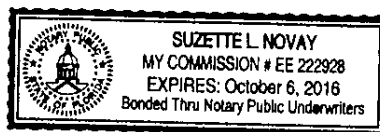
The foregoing instrument was acknowledged before me this 17th of March, 2015, by Garry M. Glickman, Authorized Representative of the afore-described Articles of Organization, who is personally known to me and did not take an oath.

NOTARY PUBLIC:

SIGN   
PRINT Suzette L. Novay

STATE OF FLORIDA AT LARGE (SEAL)

MY COMMISSION EXPIRES:



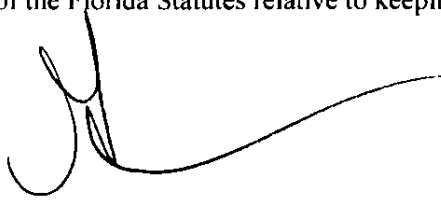
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**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Zeke, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization, has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, Florida 33401 as its agent to accept Service of Process within this State.

**ACKNOWLEDGMENT**

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.



Garry M. Glickman

SWORN TO AND SUBSCRIBED before me this 17th day of March, 2015.



  
NOTARY PUBLIC - STATE OF FLORIDA

Name: Suzette L. Novay  
(Type, stamp or print)

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15 MAR 19 PM 1:47  
NOTARY PUBLIC STATE OF FLORIDA

Personally known or produced identification . If produced identification, type or identification produced: \_\_\_\_\_