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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Zydell Group LLC. Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Navi Uhatate Name of Person
	Piwe (Common to the common to
	Firm/Company
	4100 40th Ave. North
	Address
	St. Petersburg, FL 33714 City/State and Zip Code quhatafe @ yahoo. com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	guhatafe @ yahoo.com
F C	
ror luri	her information concerning this matter, please call:
_H.	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
k \$125.00	Filing Fee

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Zydell Group, L	ار. ماد
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Tailing Address:
4100 40th Ava. North St. Petersburg, FL 33714	4100 40th Ave. North St. Petersburg FL, 33714
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	
Navi Uh	atafe
Name	
Navi Uh Name 4100 40+h Ave Florida street address (P.O. Box NO	. North
St. Petersburg City	FL 337/4 Zip
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of all of my duties, and I am familiar with and accept the obligation. Chapter 60	appointment as registered agent and agree to act in this statutes relating to the proper and complete performance ons of my position as registered agent as provided for in
Registered Agent's Signature (REQUIRED) 55 H
(CONTINUED)	IR 21
Page 1 of 2	4 PH 12:21

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	SIADSI L. Uhatafe
	190 East Kristin Drive
	Jandy, UT 84870
AMBR	Philip G. Esten
	8555 Station Village Lane
AMBR	SCH BIEGO, CD 421081.
AMBR	Navi Uhatate
	Ct Petersburg Fl 23714
AMBR	11 11
AWRK_	Heather E. Chatate
	Candy UT 84070
	
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must be filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day
E V: Effective date, if other than the ective date is listed, the date must be	
EV: Effective date, if other than the ective date is listed, the date must bof filing.)	
E V: Effective date, if other than the ective date is listed, the date must be filing.) E VI: Other provisions, if any.	
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E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section)	a member or an authorised representative of a member.
E V: Effective date, if other than the ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false in the entire of the extraction of the ext	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.
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ARTICLE IV-