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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE
TALLAHASSEE, FI DOME

WAD

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern,

Please find the enclosed Articles of Organization to form a Florida Limited Liability Company.

Payment is enclosed in the amount of \$155.00 Filing Fee & Certified Copy.

Thank you,

Toni Negas

1601 SW 53rd Avenue

Plantation, FL 33317

954-648-0127

15 APR 23 PH 4: 11

COVER LETTER

TO: Registratio Division of	n Section Corporations					
SUBJECT: Zulugi	rls LLC. Name of Lim	nited Liability Com	pany			
	s of Organization and fee(s) ar					
<u>Toni Ne</u>		Name of Person				
		Name of Person				
		Firm/Company				
<u>1601 S\</u>	W 53rd Avenue	Address				
<u> Plantatio</u>	on, FL 33317 C	ity/State and Zip C	ode			
toninegas@ao	Lcom E-mail address: (to be used	for future annual	report notificat	ion)		
	on concerning this matter, plea	se call:				
Toni Negas Na	me of Person	954) 648- Area Code		ephone Number		
Enclosed is a check f	or the following amount:					
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy (additional copy	7	□\$160.00 Filing Certificate of Certified Conditional coperations	of Status &	ν,
Rep Div P.C	niling Address gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section on of Corporation Building executive Cente essee, FL 32301	ons er Circle	APR 23 PH 4: 11 CRETARY OF STATE AMASSEE, FLORID.	LED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Zulugirls LLC.	
(Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1601 SW 53rd Avenue	1601 SW 53rd Avenue
1601 SW 53rd Avenue Plantation, FL 33317 ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regis	s own Registered Agent. You must designate an individua
Plantation, FL 33317 ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as it another business entity with an active Florida registered.	Plantation. FL 33317 ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.)
Plantation, FL 33317 ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as it another business entity with an active Florida registered.	Plantation. FL 33317 ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.)
Plantation. FL 33317 ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered Ruchel LLC	Plantation. FL 33317 ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.)
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered Ruchel LLC	Plantation. FL 33317 ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.) stered agent are:
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered Ruchel LLC	Plantation. FL 33317 ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.) stered agent are: Name
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida registered and the Florida street address of the registered Ruchel LLC 1338 Southwest 4th Company	Plantation. FL 33317 ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual stration.) stered agent are: Name

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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The name and address of each person	
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Toni Negas 1601 SW 53rd Avenue Plantation, FL 33317
MGR	Ruchel Coetzee 1338 SW 4th Court Fort Lauderdale, fL 33312
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days afte
ARTICLE V: Effective date, if other than the date are fective date is listed, the date must be	
ARTICLE V: Effective date, if other than the date is listed, the date must be the date of filing.)	
ARTICLE V: Effective date, if other than the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days afte
ARTICLE V: Effective date, if other than the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation un I am aware that any false inf	
ARTICLE V: Effective date, if other than the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation un I am aware that any false inf	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)