

L1500096707

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: markjsoutham@gmail.com

15 JUN -3 AM 10:17

FLORIDA LIMITED LIABILITY CO.

ZNDR Consulting

Certificate of Status	1
Certified Copy	0
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JUN 04 2015

T. SCOTT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZNDR Consulting 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 principal office of the Limited Liability Company is:

Principal Office Address:

15548 Marblehead Way
Clermont, FL 34714

Mailing Address:

15548 Marblehead Way
Clermont, FL 34714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mark Southam

Name

15548 Marblehead Way

Florida street address (P.O. Box **NOT** acceptable)

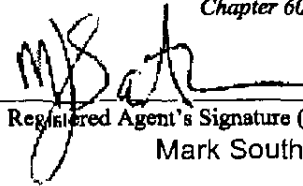
Clermont

FL 34714

City

Zip

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)

Mark Southam

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Mark Southam

15548 Marblehead Way

Clermont, FL 34714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Mark Southam

Typed or printed name of signer

H15000130263

850-617-6381

6/2/2015 3:07:37 PM PAGE 1/001 Fax Server



June 2, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: ZNDR CONAULTING
REF: W15000038574

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

LLC must be included in name.,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

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