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Office Use Only



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SESRETARY OF STATE

JUN 17 2015 N PAINTER

COVER LETTER

	egistration Division of C	Section orporations				
SUBJEC1	Zimfel L	LC				
Sebble	· -	Name of	Limited Liab	ility Company		
The enclos	sed Articles	of Organization and fee(s) are submitte	d for filing.		
Please retu	ırn all corres	pondence concerning this	s matter to the	following:		
	William D	akak				
			Name o	f Person		
						_
			Firm/C	ompany		
	3029 Cent	er Avenue				
			Add	ress		
	Ft Laudero	lale FL 33308				
			City/State a	nd Zip Code		
	willd49@gr					
		E-mail address: (to be u	sed for future	annual report notificat	ion)	
For further i	nformation o	concerning this matter, pl	ease call:			
	william dal	cak at	954	593-7011		
	Na	me of Person	Area Code	Daytime Telephon	e Number	5
Enclosed is	s a check for	the following amount:			DA 748	M S
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & ied Copy nal copy is enclosed)	\$160.00 Filing deed Certificate of Status & Certified Copy (additional copy is enclo	
	Mail	ing Adduses		Campad Address	rest 1	Name of

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Registration Section Division of Corporations Clifton Building
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:	
Zimfel LLC	
(Must end with the words "Limited Liabi	lity 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:	Mailing Address:
3029 Center Avenue	3029 Center Avenue
Ft Lauderdale FL 33308	Ft Lauderdale FL 33308
ARTICLE III - Registered Agent, Registered Office, & Registered 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 agent	tered Agent. You must designate an individual or
William Dakak	

Name

3029 Center Avenue

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

 Ft Lauderdale
 FL
 33308

 City
 State
 Zip

llaving 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

SECRETARY OF STATE

William Dakak 3029 Center Avenue Ft Lauderdale FL 33308 Control of the date of filing: In effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.) In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.) It is date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed endoument's effective date on the Department of State's records. RICLE VI: Other provisions, if any. REOURED 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.) Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional) S 5.00 Certificate of Status (Optional)	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after date of filing.) office: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed e document's effective date on the Department of State's records. RTICLE 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.) Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)) (CD	William Dakak		
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