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SECRETARY OF STATE

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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	ZBG CAPITAL, LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	DAVID GEDULD Name of Person
	286 Capital, UC Firm/Company
	Firm/Company
	500 EAST HALLANDALE BLACK BIVD
	Address
	Hallandale Beach, FL 33009 City/State and Zip Code BSG 28 2 aol. com
	City/State and Zip Code
-	BSG28 2 aol. com
	E-mail address: (to be used for future annual report notification)
or further in	nformation concerning this matter, please call:
	DAVID GEDULD at (305) 345-7557 Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
35125 .00 Fi	Siling Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVEL AND FILED

ARTICLE I - Name:				fileo
The name of the Limited Liability	Company is:			15 JUL -6 PM 1: 33
	ZBG	CAPITAL	, LLC	SECRETARY OF STATE "LLC.") TALLAHASSEE, FLORIDA
(Must end w	ith the words "Limited I	Liability Compan	y, "L.L.C.," or	"LLC.") TALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street add	lress of the principal of	fice of the Limite	d Liability Con	npany is:
	Office Address:		· · · · · · · · · · · · · · · · · · ·	ailing Address:
500 EAST 1 Hallandale	tallandale Be beach, fl	<u>ac</u> H Blu <u>b</u>		SAME
another business entity with an ac	J	,	uld ME Bi	ACH Blud
	Florida street address	(P.O. Box <u>NOT</u> :	acceptable)	3009
	City	State	Zip	300
laving been named as registered ag lace designated in this certificate, l urther agree to comply with the pro m familiar with and accept the obli	ent and to accept servic hereby accept the appor visions of all statutes rel	e of process for the intment as registed ating to the propers registered agent	e above stated red agent and a er and complete	limited liability company at the agree to act in this capacity. It performance of my duties, and lir in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager DAVID GEDULD, NGR	500 EAST HALLANDALE BEAL HALLANDALE BLACK, FL.	CH B
BETH GEBULD, Mar	500 EAST HALLANDAGE BEACH Hallandale Beach, FL 330	h B
(Use attachment if necessary) E V: Effective date, if other than the date of filir	ng: 6/30/15 (OPTIONAL)	
EV: Effective date, if other than the date of filing of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of States.	and cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will not	_
EV: Effective date, if other than the date of filin fective date is listed, the date must be specific a of filing.) I the date inserted in this block does not meet the	and cannot be more than five business days prior to or 90 e applicable statutory filing requirements, this date will not	_
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E V: Effective date, if other than the date of filing of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in a I am aware that any false inform	e applicable statutory filing requirements, this date will not e's records. Hand cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not e's records. Hand cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not e's records. Hand cannot be more than five business days prior to or 90 to applicable statutory filing requirements, this date will not e's records.	t be liste
E V: Effective date, if other than the date of filing of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member. This document is executed in a I am aware that any false information constitutes a third degree felon. Beth	e applicable statutory filing requirements, this date will not e's records. Or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes as provided for in s.817.155, F.S. GEDULA Mgr.	_

ARTICLE IV-