## L1500018937/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-6HS-9020-3

Office Use Only



900278102269

10/16/15--01006--020 \*\*130.00

15 NOV -9 PM 2: 4.1

SECRETARY OF STATE
TAIL AHASSEF FLORIDA





## COVÉR LETTER

TO: Ro	egistratión Section vision of Corporations
cuntecm	Zaagee Media Group, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	Randy Perini
	Name of Person
	Firm/Company
	532 NE 195th Street
	Address
	Miami, FL 33179
	City/State and Zip Code randyperini@gmail.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Robert Rubin 786 331-3391
	Name of Person Area Code Daytime Telephone Number
Caalanad in	a sheet for the faller as amount
\$25,00 Fi	ing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

**Mailing Address** 

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

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



October 22, 2015

RANDY PERINI 532 NE 195TH STREET MIAMI, FL 33179

SUBJECT: ZAAGEE MEDIA GROUP, LLC

Ref. Number: W15000070203

We have received your document for ZAAGEE MEDIA GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the first and last name of the "MGR".

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 515A00022437

## ARTICLES OF ORGANIZATION FOR FLÓRIDA LÍMITED LIABILITY COMPANY

A	RT	ICI	Æ	[ - ]	Na	me:

The name of the Limited Liability Company is:

APPROVEL

Zaagee Media Group, LLC	15 NOV -5
	Do.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC

SECRETARY OF STATE

## **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
425 N. Federal Highway	425 N. Federal Highway
Hallandale, FL 33015	Hallandale, FL 33015

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:

Robert Rubin		
	Name	
3055 NW 84th Av	enue	
Florida street add	ress (P.O. Box NOT ac	cceptable)
Doral	FL	33122
City	State	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)

(CONTINUED)

Page 1 of 2

004.1					~
Title: "AMBR" = Authorized Members		me and Addr	PERINI	15 NOV -	9 PM 2:4
"MGR" Manager	ľ	••••	•	0~-	2 PM 2: 4
MGR		5 N. Federal I		SECRETAGE	<del></del> -
		allandale, FL	33013	"-CAHASSE	EFRATE
	_				<u> </u>
	_				
					<del></del>
	_				·····
	_				
(Use attachment if necessary)  LE V: Effective date, if other tha fective date is listed, the date m of filing.)	ust be specific and car		than five busir		to or 90 day
LE V: Effective date, if other tha fective date is listed, the date m	ust be specific and car oes not meet the appli	nnot be more to cable statutory	than five busir	iess days prior	to or 90 day
LE V: Effective date, if other that fective date is listed, the date m of filing.)  If the date inserted in this block of the date.	ust be specific and car oes not meet the appli	nnot be more to cable statutory	than five busir	iess days prior	to or 90 day
LE V: Effective date, if other that fective date is listed, the date m of filing.) If the date inserted in this block cument's effective date on the De	ust be specific and car oes not meet the appli	nnot be more to cable statutory	than five busir	iess days prior	to or 90 day
LE V: Effective date, if other that fective date is listed, the date m of filing.) If the date inserted in this block cument's effective date on the De LE VI: Other provisions, if any.	ust be specific and car oes not meet the appli	nnot be more to cable statutory	than five busir	iess days prior	to or 90 day
LE V: Effective date, if other that fective date is listed, the date m of filing.) If the date inserted in this block cument's effective date on the De	ust be specific and car oes not meet the appli	nnot be more to cable statutory	than five busir	iess days prior	to or 90 day
LE V: Effective date, if other that fective date is listed, the date m of filing.) If the date inserted in this block cument's effective date on the De LE VI: Other provisions, if any.	ust be specific and car oes not meet the appli	nnot be more to cable statutory	than five busir	iess days prior	to or 90 day
LE V: Effective date, if other that fective date is listed, the date me of filing.) If the date inserted in this block comment's effective date on the De LE VI: Other provisions, if any.  REOUIRED SIGNATURE:	oes not meet the applipartment of State's rec	cable statutory ords.	riling require	ness days prior ments, this date	to or 90 day
LE V: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block cument's effective date on the De LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature This document	oes not meet the applicantment of State's record a member of an ais executed in accordance.	cable statutory ords.  authorized relance with sections	rfiling required	f a member.  (b), Florida S	to or 90 day will not be I
LE V: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block cument's effective date on the De LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signatur This document I am aware tha	oes not meet the applipartment of State's record a member of an ais executed in accordany false information	cable statutory ords.  authorized relative with sections submitted in a	riling required presentative of on 605.0203 (1) document to the contract of th	f a member.  (b), Florida S	to or 90 day will not be I
LE V: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block cument's effective date on the De LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signatur This document I am aware tha	oes not meet the applicantment of State's record a member of an ais executed in accordance.	authorized reance with section submitted in a covided for in s	presentative o on 605.0203 (document to ti.817.155, F.S.	f a member.  (b), Florida S	to or 90 day will not be I
LE V: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block cument's effective date on the De LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signatur This document I am aware tha	oes not meet the applipartment of State's record and an area any false information and degree felony as property and the state of the s	authorized repance with section submitted in a coylded for in s	presentative of on 605.0203 (document to the strength of the s	f a member.  (b), Florida S	to or 90 day will not be I
LE V: Effective date, if other that fective date is listed, the date mof filing.) If the date inserted in this block cument's effective date on the De LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signatur This document I am aware tha	oes not meet the applipartment of State's record and an area any false information and degree felony as property and the state of the s	authorized reance with section submitted in a covided for in s	presentative of on 605.0203 (document to the strength of the s	f a member.  (b), Florida S	to or 90 day will not be I

Page 2 of 2