

L15000202630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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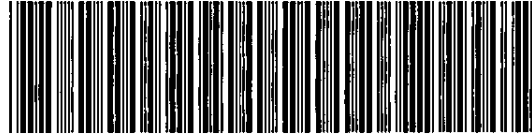
(Business Entity Name)

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12/09/15

ZIMMER AND ZIMMER, L.L.P.
ATTORNEYS AT LAW
111 PRINCESS STREET
WILMINGTON, NORTH CAROLINA 28401-3997
TELEPHONE (910) 763-4669
TELECOPIER (910) 762-1999

HERBERT J. ZIMMER
LONDON G. ZIMMER*
JEFFREY L. ZIMMER (RETIRED)
*ALSO LICENSED IN THE DISTRICT OF COLUMBIA

MAILING ADDRESS
POST OFFICE BOX 2628
WILMINGTON, NORTH CAROLINA 28402

November 30, 2015

VIA UNITED PARCEL SERVICE

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

RE: ZP NO. 317, LLC

Dear Sir:

Please find enclosed herewith the following items in connection with the above-referenced entity:

1. Cover Letter
2. Articles of Organization for ZP NO. 317, LLC
3. Check in the amount of \$125.00

I would greatly appreciate your filing the Articles of Organization and thereafter providing me with evidence of such filing. Thank you for your assistance in connection with this request.

Sincerely,

ZIMMER AND ZIMMER, L.L.P.



Donna L. Dickens
Paralegal
Direct Dial: (910) 763-4669 x 204
E-mail: DonnaDickens@zdc.com

DLD
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ZP NO. 317, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA DICKENS

Name of Person

ZIMMER AND ZIMMER, L.L.P.

Firm/Company

POST OFFICE BOX 2628

Address

WILMINGTON, NC 28402

City/State and Zip Code

DonnaDickens@zdc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA DICKENS 910 763-4669 X 204

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZP NO. 317, 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:

111 PRINCESS STREET
WILMINGTON, NC 28401

Mailing Address:

POST OFFICE BOX 2628
WILMINGTON, NC 28402

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:

C T Corporation System

Name

1200 South Pine Island Road

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

<u>Plantation,</u>	<u>Florida</u>	<u>33324</u>
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.

C T Corporation System

By: Michael Scraphin **Michael Scraphin Asst. Secretary**
Registered Agent's Signature (REQUIRED)

(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

MGR

Name and Address:

JEFFREY L. ZIMMER

111 PRINCESS STREET

WILMINGTON, NC 28401

(Use attachment if necessary)

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

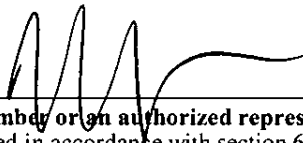
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

See Exhibit A attached hereto and incorporated herein by reference.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jeffrey L. Zimmer, Manager/Organizer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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EXHIBIT A

To the fullest extent permitted by the Florida Limited Liability Company as it exists or may hereafter be amended, no person who is serving or who has served as a manager of this Company shall be personally liable to the Company or any of its members for monetary damages for breach of duty as a manager. No amendment or repeal of this article, nor the adoption of any provision to these Articles of Organization inconsistent with this article, shall eliminate or reduce the protection granted herein with respect to any matter that occurred prior to such amendment, repeal, or adoption.

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