Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000305592 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ORNSTEIN-SCHULER CAPITAL PARTNERS, LLC

Account Number : I20150000079

: (678)904-9956

Phone Fax Number

: (678)904-9402

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

Email Address: Coate

FLORIDA LIMITED LIABILITY CO.

Zebra Creek LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

COVER LETTER

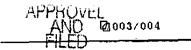
TO:	Registration Section Division of Corporations
SUBJEC	Zobru Creek LLC
30002	Name of Limited Liability Company
The enc	osed Articles of Organization and fcc(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Matthew S. Kaynard
	Name of Person
	Firm/Company
	5337 N. Socrum Loop Rd., #304
	Address
	Lakeland, Plorida 33809
	City/State and Zip Code mattk@oscp.net
	E-mail address: (to be used for future annual report notification)
For furthe	information concerning this matter, please call:
	Reshma Patel 678 904-9956
	Name of Person Area Code Daytime Telephone Number
Englose	is a check for the following amount:
3125.0 0	Filing Fee \$\sum_{\text{S130.00 Filing Fee & Certificate of Status}} \sum_{\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Copy (additional copy is enclosed)}
	Bilatilina Addusas Pénnet Addusas

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

OSCP LLC



15 DEC 29 AM 9: 04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

Zebra Creek 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: Mailing Address: 5337 N. Socrum Loop Rd., #304 5337 N. Socrum Loop Rd., #304 Lakeland, Florida 33809 Lakeland, Florida 33809

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation Florida 33324

City State Zip

Having been named as registered agent and in accept service of process for the above stated limited liability company at the place designated in this certificate. I bereby accept the appointment as registered agent and agree to act in this capacity. I facther 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.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)



15 DEC 29 AM 9: 04

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	GH Manager LLC
	4355 Cobb Parkway, Suite J 555
	Atlanta, Georiga 30339
EV: Effective date, if other than the date of ective date is listed, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
of filing.) the date inserted in this block does not me	et the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than the date of ective date is listed, the date must be special filing.) The date inserted in this block does not mement's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed 1 am aware that any false in constitutes a third degree for Matthew S. Kaynar	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State elony as provided for in 9.817.155, F.S.

Page 2 of 2