

12/29/2015 12:32 FAX 78

12/29/2015

OSCE LLC

Division of Corporations

12/29/2015

# L15000212922

## Florida Department of State

Division of Corporations

### Electronic Filing Cover Sheet

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations

Fax Number : (850)617-6381

**From:**

Account Name : ORNSTEIN-SCHULER CAPITAL PARTNERS, LLC

Account Number : I20150000079

Phone : (678)904-9956

Fax Number : (678)904-9402

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

Email Address: sfatel@osce.net

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC 29 AM 9:08

APPROVED  
AND  
FILED

RE-FILED

15 DEC 29 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FLORIDA LIMITED LIABILITY CO.

#### Zebra Creek Rock LLC

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

1/1/17

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zebra Creek Rock LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Matthew S. Kaynard

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5337 N. Socrum Loop Rd., #304

\_\_\_\_\_  
Address

Lakeland, Florida 33809

\_\_\_\_\_  
City/State and Zip Code

matuk@oscp.net

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

For further information concerning this matter, please call:

Reshma Patel

678

904-9956

\_\_\_\_\_  
Name of Person

at (

\_\_\_\_\_)   
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

APPROVED  
AND FILED  
0003

15 DEC 29 AM 9:08

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

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

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

NRAJ Services, Inc.

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation

City

Florida

State

33324

Zip

*I 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)

Asst Sec to NRAI

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

**GH Manager LLC**

**4355 Cobb Parkway, Suite J 555**

Atlanta, Georgia 30339

(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.**

**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.

Matthew S. Kaynard

Typed or printed name of signer

**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)**