

# Florida Department of State

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## FLORIDA LIMITED LIABILITY CO.

Zurcor Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Zurcor Investments, LLC

#### ARTICLE II — Address:

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

Mailing Address:

c/o David A. Holmes

Farr, Farr, Emerich, Hackett, Carr & Holmes, P.A.

99 Nesbit Street

Punta Gorda, Florida 33950

Street Address:

99 Nesbit Street

Punta Gorda, FL 33950

ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

David A. Holmes 99 Nesbit Street

Punta Gorda, Florida 33950

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.

David A. Holmes, Registered Agent

## ARTICLE IV - Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company with the initial manager being:

MSZ MANAGEMENT, LLC 99 Nesbit Street Punta Gorda, FL 33950

The initial manager shall solve until his resignation or removal in accordance with the terms of Operating Agreement of the Company.

David A. Holmes, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
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