

21600229803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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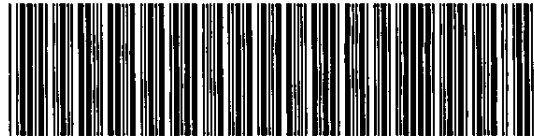
(Business Entity Name)

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TALLAHASSEE, FLORIDA
16 DEC 19 PM 6:08

M. MOON
DEC 19 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZondoZ.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:

Juan Angerita.
Name of Person

Firm/Company

4347 Ne 1st Ter.
Address

Oakland Park, FL 33334
City/State and Zip Code

ZondoZ.jp@gmail.com.
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Juan Angerita at (202) 679-6008
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:

ZONDOS-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:

4347 NE 1st Ter.
Oakland Park, FL 33334

Mailing Address:

4347 NE 1st Ter.
Oakland Park, FL 33334

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:

Juan Angerita
Name

4347 N.E. 1st Ter.

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

Oakland Park FL 33334

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..

JMA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager

MGR

AMBR

JOHN ANGERTA
4347 NE 1st Ter
Ozmoor Park FL 32334

Mayra Angeritz
4347 Ne 1st Ter
Ochland Park FL 33534

Juan Angarita
Typed or printed name of signee

Page 2 of 2

6:08
P:11
State
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SECRET