

L17000103768

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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2017 MAY 10 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY 10 PM 4:18

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DEPARTMENT OF STATE

C. GOLDEN

MAY 11 2017

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ZUES 60, LLC

Signature \_\_\_\_\_

Requested by: BA

5/10/17

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- \_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_ Courier \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAY 10 PM 1:44

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**ARTICLES OF ORGANIZATION  
ZUES 60, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

**2017 MAY 10 PM 1:44**

The undersigned, being authorized to execute and file these Articles, hereby certifies that **SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE I – NAME**

The name of the Limited Liability Company is:  
**ZUES 60, LLC**

**ARTICLE II – ADDRESS**

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

Principal Office Address:  
7555 Old Melbourne Highway  
St. Cloud, FL 34771

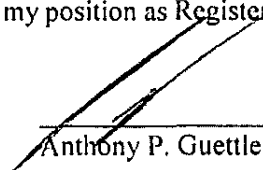
Mailing Address:  
7555 Old Melbourne Highway  
St. Cloud, FL 34771

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial Registered Agent are:

Anthony P. Guettler  
Gould Cooksey Fennell, P.A.  
979 Beachland Boulevard  
Vero Beach, FL 32963

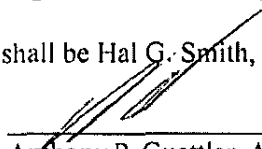
Having been named as initial Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation as Registered Agent and agree to act in this capacity. I further agree 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 of the Florida Statutes.

  
\_\_\_\_\_  
Anthony P. Guettler, Registered Agent

**ARTICLE IV – MANAGEMENT**

The Limited Liability Company shall be a manager-managed Limited Liability Company.

The initial Manager of the Limited Liability Company shall be Hal G. Smith, III.

  
\_\_\_\_\_  
Anthony P. Guettler, Authorized Representative