

L17 000179915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

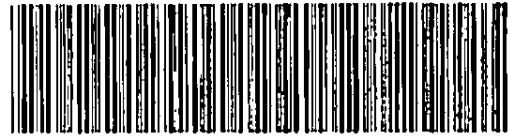
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAY 16 2016

A. DUNLAP

Office Use Only



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03/22/16--01024--025 **477.50

FILED
16 MAY 16 AM 10:01
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2016

ZAZAPRINT, LLC
2101 BRICKELL AVE SUITE 2403
MIAMI, FL 33129

SUBJECT: ZAZAPRINT, LLC
Ref. Number: L12000028457

We have received your document for ZAZAPRINT, LLC and your check(s) totaling \$477.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 416A00006058

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ZAZAPRINT, 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:

INAKI SAIZARBITORIA, ESQ.

Name of Person

INAKI SAIZARBIORIA, ESQ., P.A.

Firm/Company

21 S.W. 15 ROAD SUITE 200

Address

MIAMI, FLORIDA 33129

City/State and Zip Code

INAKISAI@AOL.COM

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

For further information concerning this matter, please call:

INAKI SAIZARBITORIA, ESQ. 305 374-4106
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:

ZAZAPRINT, 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:

2101 BRICKELL AVENUE

SUITE 2403

MIAMI, FLORIDA 33129

Mailing Address:

2101 BRICKELL AVENUE

SUITE 2403

MIAMI, FLORIDA 33129

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:

ROBERTO MARTINEZ

Name

2101 BRICKELL AVENUE SUITE 2403

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

MIAMI

FLORIDA

33129

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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16 MAY 16 AM 10:01
CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ROBERTO MARTINEZ

2101 BRICKELL AVENUE SUITE 2403

MIAMI, FLORIDA 33129

(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.

ROBERTO MARTINEZ

Typed or printed name of signee

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)

FILED
16 MAY 16 AM 10:01
CLERK OF THE COURT
STATE OF FLORIDA