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ZIMMER AND ZIMMER, L.L.P.

ATTORNEYS AT LAW

WILMINGTON, NORTH CAROLINA 28401-3997

TELEPHONE (910) 763-4669 TELECOPIER (910) 762-1999

HERBERT J. ZIMMER
LANDON G. ZIMMER*
JEFFREY L. ZIMMER (RETIRED)

*ALSO LICENSED IN THE DISTRICT OF COLUMBIA

MAILING ADDRESS
POST OFFICE BOX 2628
WILMINGTON, NORTH CAROLINA 28402

September 14, 2017

VIA UNITED PARCEL SERVICE

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE:

ZP NO. 326, LLC

Dear Sir:

entity:

Please find enclosed herewith the following items in connection with the above-reference

- 1. Cover Letter:
- Articles of Organization for Florida Limited Liability Company for the formation of ZP NO. 326, LLC; and
- 3. Check in the amount of \$125.00.

I would greatly appreciate your processing the Articles of Organization for ZP NO. 326, LLC and thereafter providing me with evidence of such filing. Should you require any additional information in order to process this request, please let me know.

Sincerely,

ZIMMER AND ZIMMER, L.L.P.

MUUCUK

Donna L. Dickens

Paralegal

DonnaDickens@zdc.com

Direct Dial: (910) 763-4669 x 204

/dld Enclosures

COVER LETTER

	ew Filing Section ivision of Corporations						
SHRIVET	ZP NO. 326, LLC						
SOBJECT	Name of	Limited Liabili	ty Company				
The enclos	sed Articles of Organization and fee(s)) are submitted	for filing.				
Please retu	im all correspondence concerning this	matter to the f	ollowing:				
	DONNA DICKENS						
		Name of	Person				
	ZIMMER AND ZIMMER, L.L.P.						
		Firm/Co	npany				
	111 PRINCESS STREET						
	Address						
	WILMINGTON, NC 28401						
	DonnaDickens@zdc.com	City/State and	ł Zip Code				
	E-mail address: (to be us	sed for future a	nnual report notification)				
For further i	nformation concerning this matter, ple	case call:					
	DONNA DICKENS	910	763-4669 X 204				
	Name of Person		Daytime Telephone Number				
Enclosed i	s a check for the following amount:						
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	Certific	O Filing Fee & \$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

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") RTICLE II - Address: the mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: PO Box 2628 Wilmington, NC 28401 Wilmington, NC 28402 RTICLE 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 nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable)		Z	P NO. 326, LLC		
Principal Office Address: Principal Office Address: Mailing Address: PO Box 2628 Wilmington, NC 28401 Wilmington, NC 28402 RTICLE 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 nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: CT Corporation System Name 1200 South Pinc Island Road	(Must conta			L.L.C.," or "LLC.")	
PO Box 2628 Wilmington, NC 28401 Wilmington, NC 28402		dress of the principal o	office of the Limited I	iability Company is:	
Wilmington, NC 28401 RTICLE 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 nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: CT Corporation System Name 1200 South Pinc Island Road	Principa	d Office Address:		Mailing Address:	
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The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: C T Corporation System Name 1200 South Pinc Island Road	Wilmington, NC 284	01	Wilm		
	ne name and the Florida street a	ddress of the registere	d agent are: stem		
Florida street address (P.O. Box NOT acceptable)	ne name and the Florida street a	ddress of the registered	d agent are: stem Name	•	
· · · · · · · · · · · · · · · · · · ·	he name and the Florida street a	ddress of the registered CT Corporation System 1200 South Pinc Isl	d agent are: stem Name and Road	•	
Plantation, Florida 33324	he name and the Florida street a	ddress of the registered CT Corporation System 1200 South Pinc Isl	d agent are: stem Name and Road	eptable)	
City State Zip	he name and the Florida street a	CT Corporation Sys	d agent are: stem Name and Road ss (P.O. Box <u>NOT</u> acc	•	
	tving been named as registered as ace designated in this certificate, l Ther agree to comply with the pro	ddress of the registere C T Corporation Sys 1200 South Pine Isl Florida street addres Plantation, City gent and to accept serv I hereby accept the approvisions of all statutes r	d agent are: stein Name and Road ss (P.O. Box NOT acc Florida State sice of process for the acc cointment as registered relating to the proper a	33324 Zip bove stated limited liability con agent and agree to act in this c nd complete performance of my	apacit _i duties
C T Corporation System	iving been named as registered as ace designated in this certificate, l ther agree to comply with the pro a familiar with and accept the obli	ddress of the registered C T Corporation System 1200 South Pine Ist Florida street address Plantation, City Gent and to accept served the approximitions of all statutes registrions of my position C T Corporation	d agent are: stem Name and Road ss (P.O. Box NOT acc Florida State sice of process for the accioniment as registered agent as registered agent as registered or station System	33324 Zip bove stated limited liability con agent and agree to act in this c nd complete performance of my provided for in Chapter 605, F.	apacity duties, S
By: C T Corporation System By: Michael Scraphin Asst. Secretary Registered Agent's Signature (REQUIRED)	iving been named as registered as ace designated in this certificate, l ther agree to comply with the pro a familiar with and accept the obli	ddress of the registered C T Corporation System 1200 South Pine Ist Florida street address Plantation, City Gent and to accept served the approximitions of all statutes registrions of my position C T Corporation	d agent are: stem Name and Road ss (P.O. Box NOT acc Florida State sice of process for the accioniment as registered agent as registered agent as registered or station System	33324 Zip bove stated limited liability con agent and agree to act in this c nd complete performance of my provided for in Chapter 605, F.	apacity duties, S

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Jeffrey L. Zimmer 111 Princess Street Wilmington, NC 28401 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. See Exhibit A attached hereto and incorporated herein by reference. 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.

Jeffrey L. Zimmer 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)

EXHIBIT A

To the fullest extent permitted by the Florida Limited Liability Company as it exists or may hereafter be amended, no person who is serving or who has served as a manager of this Company shall be personally liable to the Company or any of its members for monetary damages for breach of duty as a manager. No amendment or repeal of this article, nor the adoption of any provision to these Articles of Organization inconsistent with this article, shall eliminate or reduce the protection granted herein with respect to any matter that occurred prior to such amendment, repeal, or adoption.