

10/27/2017

Division of Corporations

**L1700028353**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000283572 3)))



H170002835723ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 OCT 27 AM 11:51

FILED

**FLORIDA LIMITED LIABILITY CO.****Zoe Properties LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
17 OCT 27 PM 2:34  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 30 2017  
C Kinsey

FAX AUDIT # H170002835723

**ARTICLES OF ORGANIZATION  
OF  
Zoe Properties LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Zoe Properties LLC

**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
780 5th Avenue S Suite 100, Naples, Florida 34102.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: \_\_\_\_\_  
Mark Williams, A.V.P. Business Filings Incorporated

Date: October 26, 2017

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Jennifer Zoernack, 780 5th Avenue S Suite 100, Naples, Florida 34102  
Investor Relations, 780 5th Avenue S Suite 100, Naples, Florida 34102

FAX AUDIT # H170002835723

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


2017 OCT 27 AM 11:51

FILED

FAX AUDIT # H170002835723

**ARTICLE V DURATION**

The duration for the limited liability company shall be: Perpetual.



Jennifer Zoernack, Organizer

Date: October 26, 2017

**Authorized Representative**

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

FAX AUDIT # H170002835723