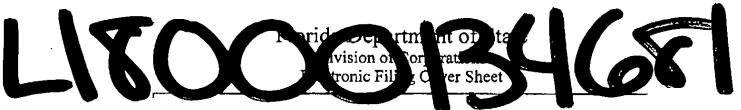
Page 1 of 1

Division of Corporations



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.

(((H180001656713)))



H180001658713ABC2

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 : GREENE HAMRICK QUINLAN & SCHERMER, P.A.

Account Number : I19990000030 Phone : (941)747-1871 Fax Number : (941)745-2866

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

Email Address:

RECEIVED IRMAY31 PM 2:05

# FLORIDA LIMITED LIABILITY CO. VZONE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

ALCALIARY OF STATE

8 MAY 31 PH 1: 36

K PAOI

Electronic Filing Menu

Corporate Filing Menu

Help

### H180001656713

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

VZONE, LLC

## ARTICLE II - Address:

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

12750 Kapok Lane Davie, Florida 33330

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Robert F. Greene, Esq. 601 12<sup>th</sup> Street West Bradenton, Florida 34205

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 property 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

**ARTICLE IV - Management:** 

The name and address of each person/entity authorized to manage and control the limited liability company:

<u>Title</u>: MGR Name and Address:

Vontae O. Davis 12750 Kapok Lane

Davie, Florida 33330

( ) h. ~

Signature of a member or an authorized representative of a member.

(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 in section 817.155, Florida Statutes)

Robert F. Greene
Typed or printed name of signes