L18000136791

(Re	questor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	 e #)
`	,	,
PICK-UP	☐ WAIT	MAIL
_		
(D.	voinana Entity Man	
(BL	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
'	•	

Office Use Only

300314170303

08/04/18--01032--015 **125.00



MINNN-F BH 1:55

COVERLETTER

TO: New Filing Section Division of Corporations	•
SUBJECT: THE CO	ne Zone LLC Limited Liability Company
The enclosed Articles of Organization and fee(s	s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
OJ	K UBACIC Name of Person
	N/A Firy//Company
_ 86 Bv	rbm K
Palm COAS	TFU 32137 City/State and Zip Code Chack 72 Gmail. com
E-mail address. (to be u	Sed for future annual report notification)
For further information concerning this matter, planting the second seco	ease call: (386) 237-558/ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$ Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

SECETIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

The Cone zone uc (Must contain 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:	Mailing Address:
105 N Ocean Shore Hud	86 BURBANK Dr
	Prin Const FL 32/37
Majer Ben FL 72176	
, 11-13-14-15-15-15-15-15-15-15-15-15-15-15-15-15-	

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:

Orren	100	1BACK_	
	benK 1	0r	
Florida street address (Palm Cons T			7
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 gent's Signature (REQUIRED)

(CONTINUED)

ŧ

WE CHANGED

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member Name and Address: "MGR" = Manager AMBR 86 Burbank Drive Palm Coast, FL 32137 86 BURBANK Dr PAIN CONST FL (Use attachment if necessary) ___ (OPTIONAL) 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.

REQUIRED SIGNATURE:

Signature of a member or in 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.

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)

MEDEINED SECENTED