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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. ZELAYA & RODRIGUEZ, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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850-617-6381 11/29/2018 12:02:51 PM PAGE 1/001 Fax Server

November 29, 2018

FLORIDA DEPARTMENT OF STATE

LEGALING CORPORATE SERVICES INC. Division of Corporations

SUBJECT: ZELAYA & RODRIGUEZ, LLC

REF: W18000103320

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

FAX Aud. #: H18000338782 Letter Number: 318A00024380 To: 18506176381 From: 14694451465 Date: 11/30/18 Time: 2:92 PM Page: 03/05

(((H180003387823)))

MARIA A. ZELAYA
1441 NW. NORTH RIVER DRIVE
MIAMI, FLORIDA 33125
P. 305.324.4111
F. 305.549.6411
E. LEXLAWMAZ@AOL.COM

Division of Corporations Florida Department of State Tallahassee, Florida

Re: Consent to Use Name

Dear Division of Corporations:

Lam filing a new LLC under the name of Zelaya & Rodriguez, LLC. Lam the president of Zelaya & Rodriguez, P.A., a separate existing entity. I, Maria A. Zelaya, as president of Zelaya & Rodriguez, P.A. give consent to myself to use the name ZELAYA & RODRIGUEZ, LLC.

Thank you for your assistance and consideration.

Maria A. Zelaya

President

Zelaya & Rodriguez, P.A.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AD	11	CI	E.	Ŀ.,	No	me:
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The name of the Limited Liability Company is:

Α	DT	CI	Si I	I - Ade	lease

(Must	contain the words "Limited Liab	oility Company,	"L.L.C.," or "Ll.C.")	
ARTICLE II - Address: The mailing address and stre	ect address of the principal offic	e of the Limited	Liability Company is:	
<u>Pri</u>	ncipa) Office Address:	at Office Address: Mailing Ad		
1441 NW 1 MIAMI, FL	NORTH RIVER DRIVE 33125	<u>]4</u> M	41 NW NORTH RIVER AMI, FL 33126	S DEINE
(The Limited Liability Com another business entity with	Agent, Registered Office, & Fapany cannot serve as its own Re, han active Florida registration.) treet address of the registered agents.	gistered Agent.		vidual or
	MARIA A.	ZELAYA		
	1441 NW NORT Florida street address (P			
			•	
		1-1	2 マリクC	
	City	State	33128 Zip	
dace designated in this certifi urther agree to comply with t	ered agent and to accept service of icate. I hereby accept the appoint the provisions of all statutes relate the obligations of my position as r	of process for th ment as register ing to the prope registered agent	e above stated limited liabili red agent and agree to act in r und complete performance as provided for in Chapter (this capacity. I of my duties, and I
lace designated in this certifi urther agree to comply with t	ered agent and to accept service of icate, I hereby accept the appoint the provisions of all statutes relate the obligations of my position as read the Registered	of process for th ment as register ing to the prope registered agent	e above stated limited liabili red agent and agree to act in r and complete performance as provided for in Chapter 6 ture (REQUIRED)	this capacity. I of my duties, and I

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	(((H180003387	82 3)))
ARTICLE IV- The name and address of each p	erson authorized to manage and control the Limited Liability Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR/MGR	CORAHA J. RODRIGUEZ 1441 NW NORTH RIVER DRIVE	
AMBR/MGR	MARIA A ZELAYA 1441 NW NORTH RIVER DRIVE MIAMI, FL 33125	
Mective date is listed, the date m	in the date of filing: $\frac{11/28/2018}{2018}$. (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 does not meet the applicable statutory filing requirements, this date will not purtinent of State's records.	
SELL VII. One provided in		
REOUIRED SIGNATURE:	re of a member or an authorized representative of a member.	
I am aware tha	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes, t any false information submitted in a document to the Department of State aird degree felony as provided for in s.817.155, F.S.	
<u>.</u> M.	Typed or printed name of signee Filing Fees:	
\$125.00 Filing Fee for Artic \$ 30.00 Certified Copy (O) \$ 5.00 Certificate of State	cles of Organization and Designation of Registered Agent otional)	-L PM
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