

L19000082551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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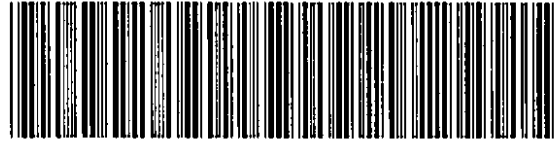
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z Academics LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name: Jeremy Klein

Firm/Company: Recalde Law Firm, P.A.

Address: 10800 Biscayne Blvd, Suite 440, Miami, FL 33161

Email address (to be used for future annual report notification):
juanramon@zaragoza.us

For further information concerning this matter, please call:

Jeremy Klein at 305-792-9100

Enclosed is a check for the following amount:

\$125.00 Filing fee

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 LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Z Academics LLC

ARTICLE II – Address:

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

Principal Office Address: 1800 SW 1st Ave, Suite 601
Miami, FL 33129

Mailing Address: 1800 SW 1st Ave, Suite 601
Miami, FL 33129

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CLERK OF COURT
TALLAHASSEE, FLORIDA

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

Registered Agent Name: Rafael Recalde

Florida street address: 10800 Biscayne Blvd, Suite 440
Miami, FL 33161

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 Agent's Signature

ARTICLE IV –

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address

Manager

Juan Ramon Zaragoza
1800 SW 1st Ave, Suite 601
Miami, FL 33129

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19 MAR 18 AM 9:10
CLERK OF CIRCUIT
JAIL HASSEY, FLORIDA

REQUIRED SIGNATURE:



Signature of a member or 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.

Juan Ramon Zaragoza

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)