Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H19000177185 3)))



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:

: SUPERBIZ.COM, INC. Account Name

Account Number : I20070000160

: (800)494-3124 Phone

Fax Number : (305)675-28)1

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

| Emaj | il. | Address: |
|------|-----|----------|
| | | |

FLORIDA LIMITED LIABILITY CO. **ZOGO LLC**

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

4.19000177185.3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

ZOGO LLC

ARTIÇLE II ADDRESS

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

. 10944 BOCA WOODS LANE

BOCA RATON, FLORIDA 33428

ARTICLE III REGISTERED AGENT

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

GABRIEL GOLAN

10944 BOCA WOODS LANE

BOCA RATON, FLORIDA 33428

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.

X /s/ Gabriel Golan

GABRIEL GOLAN / Registered Agent's signature

H.19000177185.3

PAGE 2 ZOGO LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
GABRIEL GOLAN
10944 BOCA WOODS LANE
BOCA RATON, FLORIDA 33428

AUTHORIZED MEMBER
RAFAEL GOLAN
10944 BOCA WOODS LANE
BOCA RATON, FLORIDA 33428

a 11114 -4 PM 4:03

X<u>/s/</u>Gabriel Golan

GABRIEL GOLAN / Authorized Representative's signature

(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.)