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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Douglas

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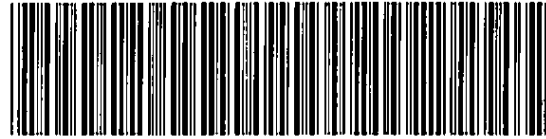
VERIFICATION BY PHONE 780

correct name + Art IV

date 3/4/20

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SECRETARY OF STATE
TALLAHASSEE, FL

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MAR 04 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A-Z ENTERPRISES 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:

DOUGLAS BRODHEAD
Name of Person
N/A
Firm/Company
6031 SHAKERWOOD CIRCLE #208
Address
TAMARAC, FLORIDA 33319
City/State and Zip Code
WATRMOVR11@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS BRODHEAD 954 806-0333
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2020

DOUGLAS BRODHEAD
6031 SHAKERWOOD CIRCLE F-208
TAMARAC, FL 33319

SUBJECT: A-Z ENTERPRISES LLC
Ref. Number: W20000023282

We have received your document for A-Z ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

P96000093309-A & Z ENTERPRISES, INC.,

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 320A00004650

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA ZENITH ENTERPRISES, LLC

(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:

6031 SHAKERWOOD CIRCLE

F-208

TAMARAC, FLORIDA 33319

Mailing Address:

6031 SHAKERWOOD CIRCLE

F-208

TAMARAC, FLORIDA 33319

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:

DOUGLAS BRODHEAD

Name

6031 SHAKERWOOD CIRCLE F-208

Florida street address (P.O. Box **NOT** acceptable)

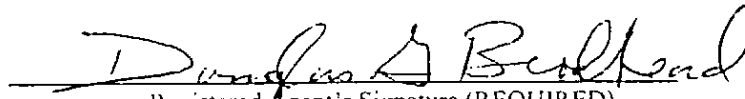
TAMARAC, FLA 33319

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 Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
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CLERK OF THE
SUPREME COURT
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

DOUGLAS G. BRODHEAD

NONE

NONE

NONE

NONE

NONE

None

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 4, 2020. (OPTIONAL)

(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.

None

REQUIRED SIGNATURE:

Douglas G. Brodhead

Signature of a member or an 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.

DOUGLAS G. BRODHEAD

Typed or printed name of signer

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAR -4 PM 4: 03

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