To:

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.

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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:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

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.

Zaandarbrow LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY [] [[]]

٨	R	T	C	LE	1 -	Name:	
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The name of the Limited Liability Company is

2020 JUL -7 PM 4:56

	No. 1	
Zaandarbrow LLC	TAL.	LAHASSIT

(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

To:

Principal Office Address:	Mailing Address:
3909 Calibre Bend Lane, Apt 406	3909 Calibre Bend Lane, Apt 406
Winter Park, FL 32792	Winter Park, FL 32792

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

William Wolfgang-	Manziano Brower	
	Name	
3909 Calibre Bend	Lane, Apt 406	
Florida street addre	ess (P.O. Box <u>NOT</u> a	eceptable)
Winter Park	FI.	32792
City	State	Zıp

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 positions at this provided for in Chapter 605 F.S.

(CONTINUED)

Registered Agent's Signature (REOURED)

ARTICLE IV-

(((H200002135483)))

Ta:

Title:	Name and Address:
"AMBR" = Authorized Mi	ember
"MGR" Manager	
<u>MGR</u>	Rosemary Manziano
	261 Route 34
	(olts Neck, NI 07722
MCD	William Wolfgang-Manziano Brower
MGR	3909 Calibre Bend Lane, Apt 406
	Winter Park, FL 32792
EV: Effective date, if other cities date is listed, the date filling.)	te must be specific and cannot be more than five business days prior to or 90 c
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)