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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: "F	New Filing Sec Division of Co.	rporations	•		•	•	, ,	•	uF2
SUBJEC		DINGS LLC				•			٠.
30130170	-· - <u></u> -	Name o	of Limit	ed Liabili	ty Company				
The enclo	sed Articles of	Organization and fee	(s) are s	submitted	for filing.				
Please ret	um all correspo	ondence concerning th	is matte	er to the f	ollowing:				
	Zion Edmon	ds							
				Name of	Person		-		
	<del>~ </del>			Firm/Co	mpany	<u>.                                  </u>		_ <del></del>	<del></del>
	307 Baker D	प							
				Addr	ess	·			
	West Palm E	Beach, FL, 33409							
			City	/State and	d Zip Code				
	zionedmonds(	<del></del>	<del> </del>						
	1	E-mail address: (to be	used fo	or futu <del>re</del> a	nnual report no	tificatio	n)		
For further	information co	ncerning this matter, p	olease c	all:					
	Zion Edmono		561 nt (		8010980 )				
	Nam	e of Person	Area	Code	Daytime Tel	ephone	Number		
Enclosed i	is a check for the	he following amount:							
□\$125.0	Filing Fee	☐\$130.00 Filing For Certificate of Statu	5	Certific	i.00 Filing Fee ed Copy il copy is enclo		Certific Certific	0.00 Filin cate of Se ed Copy al copy is	
	Na sirin	A. A. A		,	Pa & &				

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:		
ZIE HOLDINGS L	<del>= ; . ,</del>	The Comment of Translation	
(Must con	nam the words "Limited Liabi	ility 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:	
<u>Princi</u>	pal Office Address:	Mailing Add	dress:
307 Baker Dr.		307 Baker Dr.	<u> </u>
West Palm Beach, I	FL, 33409	West Palm Beach, Fl., 3340	19
another business entity with an	y cannot serve as its own Reg active Florida registration.)	istered Agent. You must designate an i	ndividual or
The name and the Florida stree	t address of the registered age	nt are:	
	Zion Edmonds		
	Na	me	
	307 Baker Dr		
	Florida street address (P.C	O. Box NOT acceptable)	

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..

FL

State

West Palm Beach

City

Registered Agent's Signature (REQUIRED)

33409

Zip

(CONTINUED)

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## ARTICLE IV-

• • • • • • • • • • • • •

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

Title:	Name and Address:	
"AMBR" = Authorized Me	ember	
"MGR" = Manager		
AMBER	Zion Edmonds	
	307 Baker Dr. West Palm Beach, FL, 33409	
		<del></del>
	<del></del>	
	******	
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