

09/07/2021

**L21000395751**

Division of Corporations

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.**

(((H210003326103)))



H210003326103ABCS

**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 : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON  
Account Number : 120060000135  
Phone : (305)789-3200  
Fax Number : (305)789-4137

**\*\*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.  
ZP 368 SIGN LICENSE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H210003326103

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ZP 368 SIGN LICENSE, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fir(a) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNA DICKENS, NCCP

Name of Person

ZIMMER AND ZIMMER, L.L.P.

Firm/Company

POST OFFICE BOX 2628

Address

WILMINGTON, NC 28402

City/State and Zip Code

DonnaDickens@zdc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Dickens at ( (910) ) 763-4699 x 204  
Name of Person Area Code 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

H210003326103

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ZIP 368 SIGN LICENSE, 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:Mailing Address:111 PRINCESS STREETWILMINGTON, NC 28401POST OFFICE BOX 2628WILMINGTON, NC 28402

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFlorida33324

City

State

Zip

I 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..

C T Corporation System

Nichol McCroy

Nichol McCroy, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

 20  
 SEP 7 2021  
 TALLAHASSEE, FL

2021 SEP -7 PM 1:13

FILED

H210003326103

**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

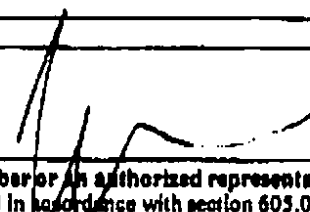
"MGR" = Manager

**Name and Address:**MGRJEFFREY L. ZIMMER  
111 PRINCESS STREET  
WILMINGTON, NC 28401

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.**SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE****REQUIRED SIGNATURE:**  
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.JEFFREY L. ZIMMER, ORGANIZER/MANAGER

Typed or 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)

H210003326103

**EXHIBIT A**

To the fullest extent permitted by the Florida Limited Liability Company as it exists or may hereafter be amended, no person who is serving or who has served as a manager of this Company shall be personally liable to the Company or any of its members for monetary damages for breach of duty as a manager. No amendment or repeal of this article, nor the adoption of any provision to these Articles of Organization inconsistent with this article, shall eliminate or reduce the protection granted herein with respect to any matter that occurred prior to such amendment, repeal, or adoption.