# L2100048666

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NA	FITNESS LOTTURY C	(DOCUMENT #)
2. (CORPORATE NA	ME)	(DOCUMENT #)
3. CORPORATE NA	ME)	(DOCUMENT #)
∐ Walk-In	X Pick up time: 🔀 Certified C	opy 🔲 Certificate Of Status
New Filings Profit	Amendments  Amendments	Other Filings
New Filings	Amendments	
New Filings Profit	Amendments Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments  Amendments  Resignation	Other Filings Annual Report Fictitious Name

Examiners Initials



November 10, 2021

**EXPRESS** 

SUBJECT: ZERAI FITNESS LOTTERY LLC

Ref. Number: W21000145718

Page: 2 of 4

We have received your document for ZERAI FITNESS LOTTERY LLC and your check(s) totaling \$465.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 24.119, Florida Statutes, written approval and clearance of the term LOTTERY must be obtained from the Department of the Lottery. Their address is:

Department of the Lottery 250 Marriott Dr. Tallahassee, FL 32301

Please return 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.

Nevsa Culligan Regulatory Specialist III

Letter Number: 721A00027372

FILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 NOV 15 AM 8: 11

ARTICLE 1 - Name:

0 -18009420429

The name of the Limited Liability Company is:

ZERAI FITNESS 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:	
7620 ABBOTT AVE	7620 ABBOTT AVE	
APT 2	APT 2	
MIAMI BEACH, FL 33141	MIAMI BEACH, FL 33141	

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:

RAMSES RODRIGU	Name	
7620 ABBOTT AVE	APT 2	
Florida street address	s (P.O. Box <u>NOT</u> 20	ceptable)
міамі веасн	_FL	33141
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 samiliar 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)

ARTICLE IV-

- .. . - . . . .

100000001111

Title:	Name and Address:	
"AMBR" - Authorized Member		
"MGR" = Manager		
AMBR	RAMSES RODRIGUEZ FERNANDEZ	
AMBK	7620 ABBOTT AVE APT 2	
	MIAMI BEACH, FL 33141	<del></del>
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		1
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(Use attachment if necessary)		
•		
LE V. Effective date if other than	the date of filing: 1 1 22	AL)
Factive dute is listed the date mu-	st be specific and carmot be more than five business days prior	to or 90 days a
of filing.)	the openies and same of the sa	Ť
for ming.)	es not meet the applicable statutory filing requirements, this dat	e will not be list
ument's effective date on the Depa	remont of State's conords	
ument's effective nate on the Depa	Hellieth of State 5 records.	
LE VI: Other provisions, if any.		
eses in a man beautiful and		

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.

RAMSES RODRIGUEZ FERNANDEZ

Typed or printed name of signee

#### Filing Fces:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)