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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000008019 Phone : (305)552-5973

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FLORIDA LIMITED LIABILITY CO. ZC INVESTMENT GROUP LLC.

Certificate of Status	1		
Ccrtified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE 1/1/2022

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words *Limited Liability Company,

ZC Investments Group LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

10600 NW 88th St Building 1 Apt 203

Doral FI 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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.)

Jireh Renovations LLC

Hector Berrios

6638 S Goldenrod Road Unit B Orlando Florida 32822

ARTICLE IV-

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

Zayra Maria Cardenal Gil -AMBR

Required Signatures:

Verified by pd:Filler

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Zayra Cardenas Maria Gil

Typed or printed name of signee

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.. | Verified by polificiar

Registered Agent's Signature (REQUIRED)

