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	(Requestor's Name)	_
	(Address)	
	,	
	(Address)	
	(City/State/Zip/Phone #)	
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TALEAY LOUE, FLORIDA

2022 JAN 20: PM 2::29: 29 /

COVER LETTER

	iew Flung Se Division of Co					
SUBJECT	ZULU450					
SUBJECT		Nai	ne of L	imited Liabi	lity Company	
The enclos	sed Articles of	Organization and	fee(s) a	ire submitted	I for filing.	
Please retu	ırn all corresp	ondence concernir	ng this n	natter to the	following:	
	JUAN D ZU	JLUAGA				
				Name of	Person	
	ZULU4508	LLC				
		·		Firm/Co	ompany	****
	383 NE 971	TH ST				
				Addı	ess	
	MIAMI SH	ORES, FLORIDA	33138			
				City/State ar	ıd Zip Code	
		SOLUTIONSING.		16 6.		
					innual report notificati	ion)
For further i	nformation co	ncerning this matt	er, plea	se call:		
	JUAN D ZU	LUAGA		350	803-1383	
	Nam	e of Person		Area Code	Daytime Telephon	e Number
Enclosed is	s a check for t	he following amou	int:			
	Filing Fee	□\$130.00 Filir Certificate of S	ıg Fec &	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			Street Address	
		iling Section on of Corporations	i		New Filing Section Di The Centre of Tallaha	
		ox 6327			2415 N. Monroe Street	

Tallahassee, Fl. 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	·-			
the name of the familied Elability Company is	•			
ZULU4508 LLC				
(Must contain the words	"Limited Liab	ility Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street address of the p	orincipal office	of the Limit	ed Liability Company is:	
Principal Office Add	ress:		Mailing Ad	dress:
383 NE 97TH ST		38	3 NE 97TH ST	
MIAMI SHORES			IAMI SHORES	
FLORIDA 33138		FI	.ORIDA 33138	
7500 NW 2	ESS SOLUTIO Nai 25TH ST SUIT cet address (P.C FL 33122	me E 237	acceptable)	
C	lity	State	Zip	
Having been named as registered agent and to ac place designated in this certificate, I hereby accepturther agree to comply with the provisions of all am familiar with and accept the obligations of my	ot the appointm statutes relatin position as req	ent as registe g to the prop	ered agent and agree to a er and complete performe t as provided for in Chap	ct in this capacity. I ince of my duties, and i
	Registered .	Agent's Sign	ature (REQUIRED)	_
	(CC	ONTINUED)	

26.7 11.78

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager		
2		
MGRM	HIANIN ZOLILACA	
AKTICIA	JUAN D. ZULUAGA 383 NE 97TH ST	
	MIAMI SHORES, FL 33138	_
MGRM	FRANCISCO D. ZULUAGA	
	383 NE 97TH ST	_
	MIAMI SHORES, FL 33138	
		_
		_
		_
(Use attachment if necessary)		
f an effective date is listed, the date must be date of filing.) <pre>iote:</pre> If the date inserted in this block does	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will n	•
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