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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(C	locument Number)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 708375 8380979 AUTHORIZATION : COST LIMIT : ORDER DATE: May 25, 2022 ORDER TIME : 2:38 PM ORDER NO. : 708375-005 CUSTOMER NO: 8380979 DOMESTIC FILING NAME: ZENITH DEVELOPMENTS I LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland - EXT.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Zenith Developments i LLC	SECRETARY OF STATE
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHASSEE, FI

ARTICLE II - Address:

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

<u>Prin</u>	cipal Office Address:		Mailing Address:
2110 Pasa Verde Ln, W	Veston FL 33327	211	0 Pasa Verde Ln, Weston FL 33327
			· · · · · · · · · · · · · · · · · · ·
			ent s Signature: . You must designate an individual or
·	C	i agent are:	
·	rect address of the registered	i agent are:	
another business entity with The name and the Florida str	rect address of the registered	d agent are:	
·	ceet address of the registered Corporation Service Compa	1 agent are: Name	acceptable)
·	Corporation Service Compa	1 agent are: Name	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..

Corporation Service Company

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	
NGR	ZENITH MANAGEMENT LLC
	21:0 PASA VERDE LN, WESTON
	44-
	TE 33
	
	
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	77-
(Use attachment if necessary)	
FICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
on effective date is listed, the date must be s date of filing.)	t meet the applicable statutory filing requirements, this date will not be listed
on effective date is listed, the date must be so date of filing.) te: If the date inserted in this block does not document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed
on effective date is listed, the date must be so date of filing.) te: If the date inserted in this block does not document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed
on effective date is listed, the date must be sidate of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Departmen	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
ne effective date is listed, the date must be state of filing.) te: If the date inserted in this block does not document's effective date on the Department of the Department	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lise information submitted in a document to the Department of State rece felony as provided for in s.817.155, F.S.
n effective date is listed, the date must be state of filing.) ie: If the date inserted in this block does not document's effective date on the Department FICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of a management is executed any aware that any fall.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State

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)