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	v Filing Sec ision of Co			
SUBJECT:	Z	4 LLC,		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Organization and fee(s) are	submitted for filing.	
Please return	all correspo	ondence concerning this ma	tter to the following:	
	Yich	un Han		
_	<del></del>	· · · · · · · · · · · · · · · · · · ·	Name of Person	<del></del>
	Z#	LLC		
_			Firm/Company	
	276	5 W Hanni	en Hill Or	
_	Tall	a hassee   chang 22 (a)	Address 32309	
	Lz	chang 22 a	ty/State and Zip Code Ocol. COM	
	l	-mail address: (to be used	for future annual report notificati	ion)
For further info	ormation co	ncerning this matter, please	call:	
	Yichur	Han at 2	950 , 877-777	7
	Nam		ea Code Daytime Telephon	
Enclosed is a	check for th	ne following amount:		
□\$125.00 F		□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address lling Section	Street Address New Filing Section Di	ivision

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	my is:	
ZH, LLC		
(Must contain the w	ords "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the L	limited Liability Company is:
Principal Office	Address:	Mailing Address:
2765 W Hannon Tull ahassee	same	
Tull ahassee	FL 32309	
	erve as its own Registered A	Agent. You must designate an individual or
	YILHAN HAV	7 
_2	765 W W	lannou Hill Or 35
Florid	la street address (P.O. Box 1	NOT acceptable)
	1411anassee	H 3250/
	City State	Zip
place designated in this certificate. I hereby	accept the appointment as re of all statutes relating to the	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and
	<i>[</i>	
	Begistered Agent's	Signature (REQUIRED)
	//	
$\ell$	(CONTIN	UED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $\mathcal{M}\mathcal{G}\mathcal{R}$	Yichun Han 2765 W Hannon Hillor
₹ MAR	Liping Zhang  2765 W Hanny Hill Dr
MGR	Tallahassee FL 32309  Zhao Han  2765 W Hannun Hall
	- 19114 MASSEC PC 54507
(Use attachment if necessary)	5; 5;
effective date is listed, the date must be s te of filing.)	te of filing:
CLE VI: Other provisions, if any.	

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.

Yichun Han
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)