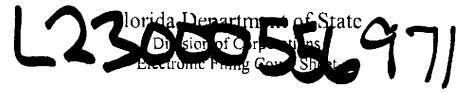
Division of Corporations



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To:

Division of Comparations

Fax Number : (850)617-6381

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102 Phone : (954)998-1035 Fax Number : (954)573-1480

Enter the email address for this business entity to be used for future annual report mailings. Enter only one amail address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. **ZODA BROTHERS LLC**

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ΓΟ: <u>Ν</u>	New Filing Sec Division of Co	ction rporations		•		
SUBJEC	₩	OTHERS LLC				
		Nan	e of Limited Liab	ility Company		
The enclos	sed Articles of	Organization and (ee(s) are submitte	d for lilling		
		ondence concerning		_		
	OSCAR HE	RNANDO GONZA	ALEZ LEAL			
			- Name o	i Person		
	ZODA BRO	THERS LLC				
		·	Firm/C	ompany		
	10013 NW 8	9TH TERRACE				
			Add	ress	<u> </u>	
	MIAMI FL 3	33178				
	zodabrothersII	c@gmail.com	City/State ar	nd Zip Code		
_	E	-mail address: (to b	c used for future	innual report notificat	ion)	
further in	nformation cor	ncerning this matter	, please call:			
	OSCAR GON	ZALEZ	305 at (775-3581		
•	Name	of Person		Daytime Telephon	e Number	
inclosed is	a check for th	c following amount	t:			
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	New Fil Division P.O. Bo	Address ing Section of Corporations x 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street	ssee t, Suite 810	EEC 20 Fil

TICLE 1 - Name:	1.11. 21		
c name of the Limited Lia	bility Company is:		•
ZODA BROTHE			
(Must o	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
ie mailing address and stre	et address of the principal o	ffice of the Limited	Liability Company is:
Prin	cinal Office Address:		Mailing Address:
IDOLO NUL COTT	TEDDACU	100	13 NW 89TH TERRACE
10013 NW 89TH			
DORAL FL 331' RTICLE III - Registered The Limited Liability Comp	Agent, Registered Office,	DO Registered Ages Registered Agent.	RAL FL 33178
RTICLE III - Registered The Limited Liability Compother business entity with	Agent, Registered Office, pany cannot serve as its own	& Registered Ages Registered Agent.	RAL FL 33178
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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Title: "AMDR" = Authorized M "MGR" = Manager	Name and Address: ember
	MANAGER	OSCAR HERNANDO GONZALEZ LEAL 10013 NW 89TH TERRACH DORAL FL 33 (78
	(Use attachinent if necesse	ry)
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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) 8.5