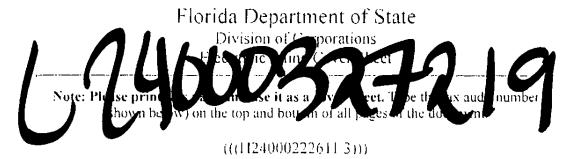
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Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CONTINSUR SERVICES CORP

Account Number : I20240000070 : (305)905-7170 Phone Fax Number : (395)437-8182

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

Email Address:

FLORIDA LIMITED LIABILITY CO. ZONE LLC

Certificate of Status	()
Certified Copy	()
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COVER LETTER

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SUBJECT	ZONE I L	LC					
SUBJECT	:		of Limi	ited Liah	ility Cen pry		
The enclos	sed Articles of	Organization and fed	e(s) are	sabmitte	d for filing.		
Please reti	irn all corresp	ondence concerning t	his mat	ter to the	: following:		
	PABLO RO	MAN					
				Name o	offten		
				Ytmîl	សារុរាទ		
	1420 NE MI	AMI PL APT 1007					
				Ai	tes		
	MIAMI FL.	33132					
					and Zip Code		
		TYSERVICEN@GM E-mail address: (to bo			annual report notificat	ion)	
For further i		ncerning this matter.			·		
	PABLO ROS	dan	305 at (9057180 		
	יווּענ	u of Person			Daytime Telephon	e Number	
Enclosed is	s a check for t	he following amount	:				
■ \$125.00	Filing Fee	□\$130.00 Filing I Certificate of Stat		Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end cx	Jue Pelic
	New F Divisi P.O. B	igAddress fling Section on of Corporations ox 6327 assee, FL 32314			Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	مېمون ن و	T 26 PH 12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

ZONE 1 LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Mailing Address:		
1420 NE MIAMI PL		
APT 1007		
MIAMLEL 33132		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

PABLO ROMAN		
	वांग्र	
1420 NE MIAMI PE	. APT 1007	
Florida street addres	8 (P.O. Box <u>NOT</u> a	cceptable)
MIAMI	F1.	33132
Ċįv,	State	Zip

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. Thereby accept the appointment as registered agent and agree to act in **Lis** 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 **inClapte** 605. ES

Pablo Roman
Registered Agent's Signature (4:001431)

(CONTINUED)

Page 5 of 5

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	PABLO ROMAN
	1420 NE MIAMI PL APT 1007
	MIAMI FL 33132
(Use attachment if necessary)	
	te of filing: (OPTIONAL)
	pecific and cannot be more than five business days prior to or 90 days after
e date of filing.)	and the second control of the second control
to document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed a tof State's records.
·	
RTICLE VI: Other provisions, if any.	
NY AND ALL LAWFULL BUSINESS	
	
REQUIRED SIGNATURE:	
Pablo Ro;	man nember or an authorized representative of a member.
Signature of a n	nember or an authorized representative of a member.
This document is exec	uted in accordance with section 605,0203 (1) (b), Florida Statutes.
	se information submitted in a document to the Department of State
constitutes a third degr	ec felony as provided for in s.817.155, F.S.
<u>PABLO ROMA</u>	N.
TABLU KUMA	N Typed or printed name of signer
	· * I - a · · · hi i i i i a · · · · · · · · · · · · · ·

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)