

L24000439374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

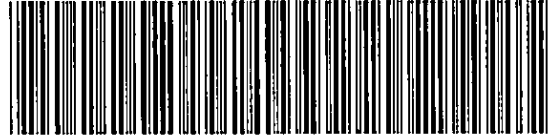
(Document Number)

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ZEPHYR INTERNATIONAL TRADING LLC

Please Debit FCA000000003 For: 130

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

122 Pender Printing - Tallahassee, FL 32301

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___	Art of Inc. File	___
___	LTD Partnership File	___
___	Foreign Corp. File	___
___	L.C. File	___
___	Fictitious Name File	___
___	Trade/Service Mark	___
___	Merger File	___
___	Art. of Amend. File	___
___	RA Resignation	___
___	Dissolution / Withdrawal	___
___	Annual Report / Reinstatement	___
___	Cert. Copy	___
___	Photo Copy	___
___	Certificate of Good Standing	___
___	Certificate of Status	___
___	Certificate of Fictitious Name	___
___	Corp Record Search	___
___	Officer Search	___
___	Fictitious Search	___
___	Fictitious Owner Search	___
___	Vehicle Search	___
___	Driving Record	___
___	UCC 1 or 3 File	___
___	UCC 11 Search	___
___	UCC 11 Retrieval	___
___	Courier	___

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** ZEPHYR INTERNATIONAL TRADING LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcos Rezende

Name of Person

CSG - Capital Services Group, Inc.

Firm/Company

1191 E Newport Center Dr #103

Address

Deerfield Beach, FL 33442

City/State and Zip Code

csg@thewaygroup.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcos

954

427-4770

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing Section Division  
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 Company is:

ZEPHYR INTERNATIONAL TRADING 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:

Principal Office Address:

Mailing Address:

10231 BLUE PALM ST  
PLANTATION, FL 33324

10231 BLUE PALM ST  
PLANTATION, FL 33324

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:

CSG - CAPITAL SERVICES GROUP, INC.

Name

1191 E NEWPORT CENTER DR #103

Florida street address (P.O. Box **NOT** acceptable)

DEERFIELD BEACH FLORIDA 33442

City

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, 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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

WILIAN TREVISAN ZORZI

10231 BLUE PALM ST

PLANTATION, FL 33324

AMBR

ROSITO PIETRO VENDRUSCOLO

10231 BLUE PALM ST

PLANTATION, FL 33324

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

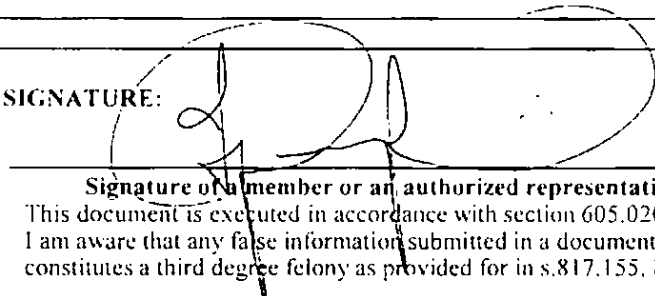
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

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**REQUIRED SIGNATURE:**



**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.

WILIAN TREVISAN ZORZI

Typed or printed name of signer