

625006074881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ADJZ HOLDINGS LLC.
Name of Limited Liability Company

Enclosed: Articles of Organization and fees are submitted for filing

Please return all correspondence concerning this matter to the following

DAVID ZUZAK

Name of Person

Firm Company

1317 EDGEWATER DR #196

Address

ORLANDO, FL 32804

City, State and Zip Code

DAVID.J.ZUZAK@gmail.com

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

For further information concerning this matter, please call

DAVID ZUZAK

Name of Person

at 214

Area Code

264-5520

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

6-10-07
6:47
G. SECY
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A DJZ HOLDINGS LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1317 EDGEWATER DR #196
ORLANDO, FL 32804

1317 EDGEWATER DR #196
ORLANDO, FL 32804

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:

Candelle Gardner

Name

1317 Edgewater dr

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

Orlando

City

FL

State

32804

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.

Gardner Gardner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JAN 11 2007
CLERK OF COURT
JAN 11 2007

ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:

MGR

DAVID ZOZAK
2417 GLEN HAVEN DR.
McKinney TX 75071

(Use attachment if necessary)

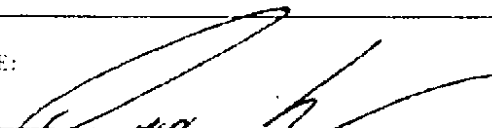
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

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.

DAVID ZOZAK

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)
- \$ 5.00 Certificate of Status (Optional)

FILED
JAN 11 2011
TAMPA, FLORIDA