## L22000195618

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer. |  |  |  |  |
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Office Use Only



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## CORPORATE WA

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| WALK IN         |                                    |                                   |  |         |                                       |  |
|-----------------|------------------------------------|-----------------------------------|--|---------|---------------------------------------|--|
|                 | PIC                                | CK UP:                            | 5/11 DANNY                             | _       |                                       |  |
| XX              | CERTIFIED COPY PHOTOCOPY           |                                   |  |         | · · · · · · · · · · · · · · · · · · · |  |
|                 | CUS                                |                                   |  |         |                                       |  |
| XX              | K FILING                           | LLC                               |  |         |                                       |  |
| 1.              | ZACAUB LLC (CORPORATE NAME AND DOC | UMENT #)                          |  |         |                                       |  |
| 2.              |                                    | · · · · · · · · · · · · · · · · · |  |         |                                       |  |
| 2.              | (CORPORATE NAME AND DOC            | UMENT #)                          |  |         |                                       |  |
| 3.              | (CORPORATE NAME AND DOC            | UMENT #)                          | ······································ |         | ·                                     |  |
| 4.              | (CORPORATE NAME AND DOC            | UMENT #)                          |  |         |                                       |  |
| 5.              | (CORPORATE NAME AND DOC            | UMENT #)                          |  | ····· · |                                       |  |
| 6.              | (CORPORATE NAME AND DOC            | UMENT #)                          |  |         |                                       |  |
| SPECIA<br>INSTR | AL<br>UCTIONS:                     |                                   |  |         |                                       |  |
|                 | <del></del>                        |                                   | <del></del>                            |         |                                       |  |
|                 |                                    |                                   |  |         |                                       |  |

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

FILED

| ARTICLE I - Name |
|------------------|
|------------------|

The name of the Limited Liability Company is:

2022 HAY 11 AH 10: 27

Zacaub LLC

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

SECRE ANY ON STATE TALLAHASSEE, FL

## ARTICLE II - Address:

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

| <b>Principal Office Address:</b> | Mailing Address:         |  |
|----------------------------------|--------------------------|--|
| 135 Weston Road Ste. 194         | 135 Weston Road Ste. 194 |  |
| Weston, FL 33326                 | Weston, FL 33326         |  |

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:

| Registered Agents Inc. |                                |            |  |  |  |
|------------------------|--------------------------------|------------|--|--|--|
|                        | Name                           |            |  |  |  |
| 7901 4th St N, Ste     | 300                            |            |  |  |  |
| Florida street address | (P.O. Box <b><u>NOT</u></b> ac | eceptable) |  |  |  |
| St. Petersburg         | FL                             | 33702      |  |  |  |
| 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>Title:</u> "AMBR" = Authorized Member                                  | Name and Address:  |
|---|--|
| "MGR" = Manager AMBR  | Johnny Michel  |
| AMBR  | Weston Road Ste. 194 Weston, FL 33326 Melodie Michel   |
| AMUK  | 135 Weston Road Ste. 194 Weston, Fl. 33326   |
|   |  |
| <del></del>   |  |
| (Use attachment if necessary)   |  |
| If an effective date is listed, the date must be s<br>he date of filing.) | te of filing:  |
| WEIGHE VI. Oner provisions, if any.                                       |  |
| REQUIRED SIGNATURE:   |  |
|   | AJBeren  |
| This document is exec<br>I am aware that any fal                          | nember or an authorized representative of a member, suted in accordance with section 605.0203 (1) (b). Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. |
| Amanda J. I   | · •  |

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 Section 10

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)