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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	- · <del></del> ·
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE		_		
	(Name of Limited Liability Company)			
The enc	losed Articles of Organization and fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this matter to the following:			
2	James R. Powell	<u> </u>		e=±',
	(Name of Person)			
	Powell-Link, L.L.C.	_		
	(Firm/Company)		N.,4	-
;	3352 Perimeter Rd.	07	SIA	ŭ
	(Address)	8	22	<del>ā</del> =
	Palm City, FL 34990	$\sim$	유 12 12	<u>-</u>
_	(City/State and Zip Code)	3	?}⊊ ~	)E
For furt	her information concerning this matter, please call:	AM 10: 57	STAIL DRATION	· · · · · · · · · · · · · · · · · · ·
Jame	s R. Powell		75	= } .
	(Name of Person) (Area Code & Daytime Telephone Number)			, .
Enclos	ed is a check for the following amount:			
<b>√</b> \$125	.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Fil	atus	&	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited L	iability Company is:		
ZEALOT - FOXTROT	II C		
(Must end with the words "Limited	Liability Company, "Limited	I Company" or their abbreviation "LLC,"	"or "L.C")
ADTICLE II Adduses			
ARTICLE II - Address: The mailing address and st	reet address of the pri	ncipal office of the Limited Li	ability Company is:
Principal Office Address	<u>:</u>	Mailing Address:	
3352 Perimeter Rd.		3352 Perimeter Rd.	_
Palm City, FL 34990		Palm City, FL 34990	
	·		•
	-		OTFEB 12 AM 10:
		ress (P.O. Box NOT acceptable)	12 PE
Palm C	ity,	FI. 34990	AL COY
	City, State, a	nd Zip	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
liability company at the registered agent and agree statutes relating to the place accept the obligations	e place designated in t e to act in this capacity roper and complete pe	nccept service of process for the his certificate, I hereby accept the I further agree to comply with rformance of my duties, and I astered agent as provided for in Comply MGR.	above stated मिर्मार्टिन he apprintmeश्वि as h the provisions of all m familiar with and

(CONTINUED) Page 1 of 2

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	James R. Powell	
<del></del>	3352 Perimeter Rd.	
	Palm City, FL 34990	
		, <u>-</u>
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(Use attachment if necessary)	A A	300
CT TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ate of filing: (QATIO	g လ
CLE V: Effective date, if other than the d		(A)(A)(A)
effective date is fisted, the date must be s 90 days after the date of filing.)	specific and cannot be more than five busthess	gays pr
o days after the date of filling.)	*	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James R. Powell, MGR of Powell-Link, LLC

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)