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(re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: ZEALC	T-GOLF ,L	LC			
	(Name of Limited	l Liability Company)			
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
James R. I	Powell				راد الشوار والواري
		Name of Person)			
Powell-Lini	k, L.L.C.		·		
	(Firm/Company)			_
3352 Peri	meter Rd.			07 F	IVISI
		(Address)		HEB HEB	79 <u>7</u>
Palm City	, FL 34990	ang sa	Maria de la compansión de	2	ARY SARY
	(City	/State and Zip Code)		Z	출유는
For further information	concerning this matter, please	call:		AH 10: 58	STATE STATE
James R. Powel	<u> </u>	at (772) 283-229.	2	·	ैंदें * •
(Name	e of Person)	at (772 283-229) (Area Code & Daytime To	dephone Number)		
Enclosed is a check for	or the following amount:				
▼ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fill Certificate of S Certified Copy (additional copy is	Status & y	:
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
zealot- Golf ,llc	
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "L.L.C.," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3352 Perimeter Rd.	3352 Perimeter Rd.
Palm City, FL 34990	Palm City, FL 34990
ADTICLE III Dogistand Assat Dogistand	Office & Desistered Agent's Signatures
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	Powell, MGR Powell, MGR Poss (P.O. Box NOT acceptable) FI 34990
Powell-Link, L.L.C., James R.	Powell, MGR
Name	OCCEPT CCCC
3352 Perimeter Rd.	T RPC
· · · · · · · · · · · · · · · · · · ·	ress (P.O. Box NOT acceptable)
Palm City,	EI 34990
City, State, a	FL 34990 nd Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608. F.S

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	James R. Powell 3352 Perimeter Rd.	÷.
	Palm City, FL 34990	~ t '
		D7F
		FEB 12
		CORPORA
	and the same of th	
(Use attachment if necessary)		3 OHC
ICLE V: Effective date, if other than the	e date of filing: (OPTIO	NAL)
ICLE V: Effective date, if other than the effective date is listed, the date must be		NAL)
ICLE V: Effective date, if other than the effective date is listed, the date must b	e date of filing: (OPTIO	NAL)
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTION to specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be appeared by the specific and	NAL)
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with se	e date of filing: (OPTION of the specific and cannot be more than five business of the specific and cannot be more than five business of a member. The section 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	NAL)

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)