L070000/5533

(Requestor's Name)
(Address)
(Address)
(,
(A) (A) (T) (D) (B)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooperation)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

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COVER LETTER

TO: Registration Section Division of Corporations	==
SUBJECT: ZEALOT - Z/MA ,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:	
James R. Powell	
(Name of Person)	and a second
Powell-Link, L.L.C.	
(Firm/Company)	· · · · · · · · · · · · · · · · ·
3352 Perimeter Rd.	JIVIS 07
(Address)	LURET ON O
Palm City, FL 34990	N FAI
(City/State and Zip Code)	OR PE
For further information concerning this matter, please call:	VOF STATE ORPORATION
James R. Powell _{at (} 772) 283-2292	7
(Name of Person) (Area Code & Daytime Telephone Number)	* <u>* * * * * * * * * * * * * * * * * *</u>
Enclosed is a check for the following amount:	
▼ \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee &	us &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:			
The name of the L	imited Liability	Company is:		
ZEALOT - Z/M				
(Must end with the word	ls "Limited Liability C	company, "Limited Company" or the	neir abbreviation "LLC," or "L.C.,")	
ARTICLE II - Ac The mailing addre		ress of the principal office	of the Limited Liability Compa	any is:
Principal Office	Address:	Mailing Ac	<u>ldress:</u>	
3352 Perimeter Rd.		3352 Perimete	er Rd.	
Palm City, FL 34990		Palm City, FL	34990	
business entity with an The name and the	Florida street ad	dress of the registered ageC., James R. Powell, MGR		11 (:
		Name	NOT acceptable)	01S1/ 13 TS
	3352 Perimete	er Rd.	8.7	₹R 0.7
	F	lorida street address (P.O. Box	NOT acceptable)	
	Palm City,	FL 34990		충수인
		FL 34990 City, State, and Zip		ST.
liability compo registered agent o statutes relating	any at the place a and agree to act i g to the proper an ligations of my po	lesignated in this certificate in this capacity. I further as it complete performance of esition as registered agent a	e of process for the above stand in a process for the appointment of the comply with the provision of the provision of the provided for in Chapter 608, Frond I.	ıfas 15 of all h and
	Registered	Agent's Signature (REQUIRE	D)	

(CONTINUED) Page 1 of 2

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

4 11 4

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

——— ≈
H: 08
(OPTIO an five business

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

that the facts stated herein are true.)

Typed or printed name of signee

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

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)