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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZEALOT - PAPA ,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)
Powell-Link, L.L.C.
(Firm/Company)
3352 Perimeter Rd.
(Address)
Palm City, FL 34990
(City/State and Zip Code)
For further information concerning this matter, please call: James R. Powell (Name of Person) Area Code & Daytime Telephone Number) Area Code & Daytime Telephone Number)
James R. Powell at 772 \ 283-2292 ₹ \$\frac{2}{2}\$
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼ \$125.00 Filing Fee
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ie:		
The name of the Li	mited Liability Comp	oany is:	
ZEALOT - PAP			
(Must end with the words	"Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C	7,")
ARTICLE II - Ad	dress:		
		of the principal office of the Limited Liability	Company is:
Principal Office A	.ddress:	Mailing Address:	
A THIOTHAN OTTHOR		1124111115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3352 Perimeter Rd.		3352 Perimeter Rd.	
Palm City, FL 34990		Palm City, FL 34990	
<u> </u>			ع نــر. المنتب
(The Limited Liability Co business entity with an a	ompany cannot serve as its of active Florida registration.) Florida street address	gistered Office, & Registered Agent's Signature of the registered agent are: lames R. Powell, MGR	another TAF
		Name	F S POR POR
	3352 Perimeter Rd.		CORPORATION AM II: 15
	Florida	street address (P.O. Box NOT acceptable)	**
	Palm City,	FL 34990	
	Cit	y, State, and Zip	
liability compa registered agent ar statutes relating	ny at the place design nd agree to act in this to the proper and com	t and to accept service of process for the above ated in this certificate, I hereby accept the app capacity. I further agree to comply with the proplete performance of my dutics, and I am faming as registered agent as provided for in Chapte	ointment as rovisions of all liar 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 "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell 3352 Perimeter Rd. Palm City, FL 34990
	JIVIS 107
	FEB 12 AM I
	AM III 15
(Use attachment if necessary)	₹.
	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a	hember or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
James R. Pow	rell, MGR of Powell-Link, LLC

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)