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SECRETARY OF STATE OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ZEALOT - UNIFORM ,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.	07	SIAI(
(Address)		오참
Palm City, FL 34990	FEB 12	0F C(
(City/State and Zip Code)	7)RP
For further information concerning this matter, please call:	AM 11: 24	ON OF CORPORATION
James R. Powell _{at (} 772) 283-2292		7
James R. Powell (Name of Person) at (772) 283-2292 (Area Code & Day time Telephone Number)	-	
Enclosed is a check for the following amount:		
▼ \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Status	tus &	

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lim	ited Liability Company	is:	
ZEALOT - UNI FO	RM, LLC Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.t	<u></u> C.")
ARTICLE II - Add	ress:	principal office of the Limited Liability	
Principal Office Ad	dress:	Mailing Address:	
3352 Perimeter Rd. Palm City, FL 34990	A section of the sect	3352 Perimeter Rd Palm City, FL 34990	
business entity with an act The name and the Flo			9)V/S 0:
	Na	me	SION OF C
3	352 Perimeter Rd.	<u> </u>	72 PAT
	Florida street	address (P.O. Box NOT acceptable)	A. SOR
F	Palm City,	FL 34990	Pos
Having been named	•	te, and Zip	ORPORATION
liability company registered agent and statutes relating to	oat the place designated I agree to act in this capa the proper and complete	to accept service of process for the above in this certificate, I hereby accept the appacty. I further agree to comply with the perperformance of my dutics, and I am faming istered agent as provided for in Chapte.	ointment as rovisions of all liar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	James R. Powell	
· · · · · · · · · · · · · · · · · · ·	3352 Perimeter Rd.	
	Palm City, FL 34990	
		. <u>0</u> ∑ .s.
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(Use attachment if necessary) CLE V: Effective date, if other than the offective date is listed, the date must be		
CLE V: Effective date, if other than the confective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION specific and cannot be more than five business d	
CLE V: Effective date, if other than the confective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business d	
CLE V: Effective date, if other than the confective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sect	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	
CLE V: Effective date, if other than the offective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sect of this document constit	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury erein are true.)	

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)