4070000/560/

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ZENITH - 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)	
(Name of Ferson)	
Powell-Link, L.L.C.	
(Firm/Company)	
3352 Perimeter Rd.	
(Address)	
Palm City, FL 34990	
For further information concerning this matter, please call:	
James R. Powell at (772) 283-2292 (Name of Person) (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$\sumset\$ \$\sums	
Mailing Address Registration Section Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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 - Name:

The name of the Limited Liability Company is:

ZENITH - PAPA ,LLC		
(Must end with the words "Limited Liability Company	ny, "Limited Company" or their abbreviation "I.I.C," or "IC.,")	, *
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
3352 Perimeter Rd.	3352 Perimeter Rd.	
Palm City, FL 34990	Palm City, FL 34990	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	own Registered Agent, You must designate an individual or anoth	ner); V, S
		THE SOLVE
Powell-Link, L.L.C., J	James R. Powell, MGR	B ₹F
	Name	5 7 A
3352 Perimeter Rd.	,	\$ 50°E
Florida	street address (P.O. Box NOT acceptable)	FS OR
Palm City,	FL 34990	ATI.
Cit	ty, State, and Zip	- 0¥
liability company at the place design registered agent and agree to act in this statutes relating to the proper and comaccept the obligations of my position	t and to accept service of process for the above stated in this certificate, I hereby accept the appoints capacity. I further agree to comply with the proving plete performance of my duties, and I am familiar in as registered agent as provided for in Chapter 60 metrics. MLR. MCR.	ment as sions of all 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:

MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	9
	N
	-0
	, <u></u>
(Use attachment if necessary)	
TEN: Effective data if ather than	the date of filing:(OPTIO
ffective date is listed, the date mu	st be specific and cannot be more than five business of
days after the date of filing.)	

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

that the facts stated herein are true.)

Typed or printed name of signee

(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)