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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Rec	questor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	dress)	
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Special Instructions to Filing Officer:	Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Co.						
SUBJECT: ZENITI	H - ZULU ,LLC (Name of Limite	d Liability Comp	any)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filin	g.			
Please return all corresp	ondence concerning this matte	er to the following	ુ :			
James R. F						
	(1	Name of Person)		-		
Powell-Link	k, L.L.C.					
	(Firm/Company)		, 11		
3352 Perir	meter Rd.				_	-:.
		(Address)			7	200 200 200 200 200 200 200 200 200 200
Palm City,	FL 34990				FEB I	40 X
	(City	/State and Zip Cod	e)			CS RE
For further information	concerning this matter, please	call:	·		PM 1: 21	D OF STAT RPORAT
James R. Powell		at (772	283-2292	2	<u></u>	SK.
(Name	of Person)	(Area Coo	le & Daytime Te	elephone Number)		r °iski ⊊ular
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	_	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc)	is &	
4	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Addression Section of Corporation Suilding ecutive Center see, FL 32301	ns		٠

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the word	s "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Ad	ldress:		
The mailing addres	ss and street address	of the principal office of the Limited Liabi	lity Compan
Principal Office A	Address:	Mailing Address:	
3352 Perimeter Rd.		3352 Perimeter Rd.	
Palm City, FL 34990		Palm City, FL 34990	
ARTICLE III - R (The Limited Liability Co	egistered Agent, Ro	egistered Office, & Registered Agent's Si	gnature:
(The Limited Liability Co	egistered Agent, Roompany cannot serve as its active Florida registration.	s own Registered Agent. You must designate an individual	l or another
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its active Florida registration.	s own Registered Agent. You must designate an individual	l or another
(The Limited Liability Cobusiness entity with an	ompany cannot serve as its active Florida registration. Florida street addres	s own Registered Agent. You must designate an individual)	l or another
(The Limited Liability Co business entity with an	ompany cannot serve as its active Florida registration. Florida street addres	s own Registered Agent. You must designate an individual s of the registered agent are:	or another 07 FEB 12
(The Limited Liability Consumers entity with an	ompany cannot serve as its active Florida registration. Florida street addres	s own Registered Agent. You must designate an individual s of the registered agent are: James R. Powell, MGR Name	or another 07 FEB 12 PM
(The Limited Liability Consumers entity with an	ompany cannot serve as its active Florida registration. Florida street addres Powell-Link, L.L.C., 3352 Perimeter Ro	s own Registered Agent. You must designate an individual s of the registered agent are: James R. Powell, MGR Name	or another 07 FEB 12 PM
(The Limited Liability Consumers entity with an	ompany cannot serve as its active Florida registration. Florida street addres Powell-Link, L.L.C., 3352 Perimeter Ro	s own Registered Agent. You must designate an individual s of the registered agent are: James R. Powell, MGR Name	or another 07 FEB 12

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	72
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTIO
	, specific and cannot be more than the business
days after the date of filing.)	
•	
•	Bamell
REQUIRED SIGNATURE:	r or an authorized representative of a member.
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
Signature of a member of this document constitute that the facts stated he same stated for the same stated	ction 608.408(3), Florida Statutes, the execution itutes 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)