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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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JIVISION OF CORPORATION

## **COVER LETTER**

Division of Corporations	
SUBJECT: ZEPHYR-QUEBEC ,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)	, E
Powell-Link, L.L.C.	
(Firm/Company)	
3352 Perimeter Rd. 기계 호텔	
(Address)	<u>,</u>
Palm City, FL 34990 공중 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	7.5
(City/State and Zip Code)	2
For further information concerning this matter, please call:	
James R. Powell <sub>at (</sub> 772 ) 283-2292	
(Name of Person) (Area Code & Daytime Telephone Number)	•
Enclosed is a check for the following amount:	
\$\sumsetern{align*} \sumsetern{align*} \simmatrix \sumsetern{align*} \simmatrix \simmatr	
Mailing Address Street/Courier Address	

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

ZEPHYR - QUE	250 110					
		ompany, "Limited (	Company" or their abbreviation	"LLC," or "L.C	<u></u> )	, A
ARTICLE II - Ad	idress:					
The mailing addre	ss and street addr	ress of the prin	cipal office of the Limit	ed Liability	Compa	any is:
Principal Office A	Address:	,	Mailing Address:			
3352 Perimeter Rd.		;	3352 Perimeter Rd.			
Palm City, FL 34990			Palm City, FL 34990			-
·		<del></del>	. ; •			7 AT 1
business entity with an The name and the	active Florida registra	tion.) dress of the reg			07 FEB	OF VISION OF
		Name	, . w	H#1 2 Hing <sup>1</sup> 2	. 10	525
	3352 Perimete	r Rd.			PH	\$ <del>4</del> 5
	FI	orida street addre	ss (P.O. Box NOT acceptable	e)	့ ယ္က (()	SIA.
	Palm City,		FL 34990		='	
		City, State, and	Zip		5 Je	
_	1 * 1	against and to an	cept service of process fo	or the above :	stated (	limited

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

4 s+ 5

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Words — Managing Member	<del>.</del>
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
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(Use attachment if necessary)	
(Ose atmentinent it necessary)	
LE V: Effective date, if other than the	date of filing: (OPTION
	e specific and cannot be more than five business da
days after the date of filing.)	
days after the date of filing.)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
days after the date of filing.)	2 II
days after the date of filing.)  REQUIRED SIGNATURE	Samuel r or an authorized representative of a member.
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	r or an authorized representative of a member.

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)

Typed or printed name of signee

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