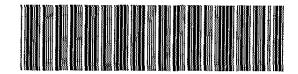
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Cer <u>t</u> ificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJ	ECT: ZEPHY	R-VICTOR, LLC	d Liability Company)		<del>-</del> -	
The c	nclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please	e return all correspo	ondence concerning this matte	r to the following:			
	James R. F	owell				
		(	Name of Person)			<del></del>
	Powell-Link	i, L.L.C.				=
		(	Firm/Company)		07	SIX F3S:
	3352 Perin	neter Rd.			07 FEB 12	33%
			(Address)		2	ARY CX CX CX CX CX CX CX CX CX CX CX CX CX
	Palm City,	FL 34990			P# #:	XX C C
		(City	/State and Zip Code)	•		-RAT
For fu	urther information of	concerning this matter, please	call:			ION:
Jam	es R. Powell	of Person)	at (772 ) 283-2292 (Area Code & Daytime Te		<del>-</del>	13
			•	•		
	_	r the following amount:				
<b>₩</b> \$12	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160,00 Filin Certificate of Sta Certified Copy (additional copy is e	itus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	15		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZEPHYR -VIC	TAR HC		
		pany, "Limited Company" or their abbreviation "LLC." of	or "[C.,")
ARTICLE II - A	Address:		
The mailing addi	ress and street address	s of the principal office of the Limited Liab	pility Company is:
Principal Office	Address:	Mailing Address:	,
3352 Perimeter Rd.		3352 Perimeter Rd.	
Palm City, FL 34990	)	Palm City, FL 34990	
			7 860
(The Limited Liability	Registered Agent, R Company cannot serve as its an active Florida registration.	egistered Office, & Registered Agent's S s own Registered Agent. You must designate an individual	FILEU FILEU OF CORP
The name and th	e Florida street addres	ss of the registered agent are:	STI ORZ
	Powell-Link, L.L.C.,	James R. Powell, MGR	= 77
		Name	******* <b>茨</b>
	3352 Perimeter Ro	d.	
	Florid	la street address (P.O. Box NOT acceptable)	to the second of the second
	Palm City,	FL 34990	
	C	ity State and 7in	100

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	Name and Address:	•
"MGRM" = Managing Member	•	
MGR	James R. Powell	
	3352 Perimeter Rd.	<u>ــــــــــــــــــــــــــــــــــــ</u>
	Palm City, FL 34990	
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(Use attachment if necessary)		
(000 11.11.11.11.11.11.11.11.11.11.11.11.11.		
LEV: Effective date, if other th	an the date of filing:	(OPTIONAL
ffective date is listed, the date m	ust be specific and cannot be more than five	e business days
days after the date of filing.)		
DECHIDED CICALATIDE		
REQUIRED SIGNATURE:	$\cap$	
<i>i</i> \	(	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James R. Powell, MGR of Powell-Link, LLC
Typed or printed name of signee

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)