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(Re	equestor's Name)	
(Ac	idress)	
(Ac	dress)	
(C)	ty/State/Zip/Phon	e #)
PICK-UP	□ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO:	Registration Se Division of Cor						
SUBJI	ECT: ZIGZAC	G-MIKE ,LLC	ed Liability Compa	any)			
		(··· •			
The en	closed Articles of	Organization and fee(s) are	submitted for filing	3 .			
		ondence concerning this matt					
1 (0000	Tomin an oortoop	ondende concerning this man	er ware removing	•	•		
	James R. F						
	\ -	and the second of the second o	(Name of Person)			- 241	<u></u>
	Powell-Link	, L.L.C.					<u>.</u>
			(Firm/Company)			.07	- SE
	3352 Perin	neter Rd.				833	O KOI
		an Taran	· · (Address)			90	15.87 15.87
	Palm City,	FL 34990				7	25°C;
		(Cit	y/State and Zip Code	.	7 <u> </u>	8-2	RAT
F 6	as a tore a ata		51			ယ	10.85 10.85
POT IU	mer mormation	concerning this matter, please	e can:				
Jame	es R. Powell		at (772	283-2292	2		
	(Name	of Person)	(Area Cod	e & Daytime Te	2 elephone Number)	_ :	<u> </u>
Enclo	sed is a check fo	or the following amount:					
V \$12.	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Cop	у	\$160.00 Filin Certificate of Sta Certified Copy (additional copy is o	atus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Addression Section of Corporation tuilding occurrence Center see, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
ZIGZAG - MIKE ,LLC (Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "L.L.C," or "L.C.,"	اب غضا غضا
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
3352 Perimeter Rd.	3352 Perimeter Rd.	
Palm City, FL 34990	Palm City, FL 34990	
		<u> </u>
business entity with an active Florida registration.) The name and the Florida street address of	of the registered agent are: ames R. Powell, MGR	SEURETARY OF CORP
	Name	<u>-</u> 9≥-
3352 Perimeter Rd.		% S<_
	succe address (F.O. DOX <u>NOT</u> acceptable)	_
Palm City,		œ XX
	y, State, and Zip	
Having been named as registered agent liability company at the place designa registered agent and agree to act in this o statutes relating to the proper and comp	and to accept service of process for the above stated in this certificate, I hereby accept the appoint capacity. I further agree to comply with the proveplete performance of my duties, and I am familian as registered agent as provided for in Chapter 60	tment as visions of all r 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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
<u> </u>	
	07
w ye o	
(Use attachment if necessary)	3
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE.	date of filing: (OPTIONA
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE. Signature of a number (In accordance with sec	date of filing: (OPTIONAle specific and cannot be more than five business day are or an authorized representative of a member. Cition 608.408(3), Florida Statutes, the execution intues 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)