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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	r: ZIGZAG -NOVEMBER ,LLC	
	(Name of Limited Liability Company)	
	sed Articles of Organization and fee(s) are submitted for filing.	
Please retui	urn all correspondence concerning this matter to the following:	
Jai	ames R. Powell	
	(Name of Person)	
Po	owell-Link, L.L.C.	
	(Firm/Company)	,
33	352 Perimeter Rd.	07
	(Address)	
Pa	alm City, FL 34990	FEB IA
	(City/State and Zip Code)	2
For further	r information concerning this matter, please call:	STAJE ORATION 8: 24
James F	R. Powell _{at (} 772 ₎ 283-2	292
	(Name of Person) (Area Code & Daytin	ne Telephone Number)
Enclosed i	is a check for the following amount:	
▼ \$125.00	O Filing Fee \$\sum \$\\$130.00 \text{ Filing Fee & }\sum \$\\$155.00 \text{ Filing Fee }\text{Certified Copy }\text{(additional copy is enclosed)}	Certificate of Status &
	Mailing Address Street/Courier Ad	dress

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:

ZIGZAG -NOVEMBER, LLC (Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address:	d Company" or their abbreviation "LLC," or "L.C.,")
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3352 Perimeter Rd.	3352 Perimeter Rd.
Palm City, FL 34990	Palm City, FL 34990
The name and the Florida street address of the report of the Powell-Link, L.L.C., James R. Name	ÿ
3352 Perimeter Rd.	
Florida street add	ress (P.O. Box NOT acceptable)
Palm City,	FL 34990
City, State, a	nd Zip & RATA
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above stated limited his certificate, I hereby accept the appointment ds v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

		Name and Address:	
'MGR" = Manager 'MGRM" = Managi	ng Member		
_	s		
MGR	LF Y	James R. Powell	_
		3352 Perimeter Rd.	
		Palm City, FL 34990	
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(Use attachment if n	necessary)		
(Use attachment if number of the Use of the Country	e, if other than the d , the date must be of filing.)	ate of filing: (OPT) specific and cannot be more than five busines	IONA ss day
LE V: Effective date fective date date days after the date REQUIRED SIGN	e, if other than the di, the date must be of filing.)	ate of filing: (OPT) specific and cannot be more than five busines audure	IONĄ
LE V: Effective date fective date days after the date REQUIRED SIGN Sign (In of	e, if other than the di, the date must be of filing.) ATURE: guature of a member in accordance with sect	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	IONA ss day:
LE V: Effective date fective date days after the date REQUIRED SIGN	e, if other than the dit, the date must be of filing.) ATURE: guature of a nember in accordance with sect of this document constituted that the facts stated he lames R. Powell, MGF	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	IONA ss day:

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)