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COVER LETTER

TO:	Registration Sec Division of Cor						
SUBJ	ECT: ZIGZAC	G-WHISKEY ,LLC (Name of Limited	I Liability Compa	iny)		,	· • · · ·
The e	nclosed Articles of	Organization and fee(s) are su	abmitted for filing	ξ .			
Please	e return all correspo	ondence concerning this matte	r to the following	; :			
	James R. F		<u>1 · 6 _ 6 </u>		<u> </u>		
		(1	Name of Person)				
	Powell-Link	i, L.L.C.		ويعور ما		~.	, , <u></u> :.
		(Firm/Company)				
	3352 Perir	meter Rd.	·		<u> </u>	07.	VISIO
			(Address)			83	₹
	Palm City,	FL 34990	· ·			્ર	F CO
		(City	State and Zip Code	;)		Ī	OF STA
For fu	urther information	concerning this matter, please	call:			8: 37	RATIONS
Jam	es R. Powell		at (772	, 283-229	2		. 5
	(Name	of Person)	(Area Cod	e & Daytime T	elephone Number)		
	osed is a check fo 25.00 Filing Fee	or the following amount: \$\int\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$155.00 F Certified Cop (additional copy	•	\$160.00 Fili Certificate of St Certified Copy (additional copy is	tatus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Addre- ion Section of Corporation Building ecutive Cente- see, FL 32301	ons r Circle	ż	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3352 Perimeter Rd. Palm City, FL 34990
Palm City, FL 34990
dress (P.O. Box NOT acceptable)
FI 34990 CD

(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:

IVILIA — WINGAUPT		Name and Address:
'MGR" = Manager 'MGRM" = Managi	ng Member	
MGR		James R. Powell
	, , , , , , , , , , , , , , , , , , , 	3352 Perimeter Rd.
		Palm City, FL 34990
		714
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Use attachment if n	,	
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LE V: Effective date fective date fective date date days after the date REQUIRED SIGN	e, if other than the dat, the date must be spof filing.) ATURE:	te of filing: (OPTION pecific and cannot be more than five business di
LE V: Effective date fective date fective date date days after the date REQUIRED SIGN	e, if other than the dat, the date must be spof filing.) ATURE:	te of filing: (OPTION
LE V: Effective date fective date fective date is listed days after the date REQUIRED SIGN	e, if other than the dat, the date must be spof filing.) ATURE: gnature of a member of a accordance with section	te of filing:
LE V: Effective date fective date days after the date REQUIRED SIGN	e, if other than the dat, the date must be spof filing.) ATURE: gnature of a mumber of a accordance with section that the facts stated here lames R. Powell, MGR	te of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)