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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusinoss Linky Ivality)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE STATE OF CORPORATION OF CORPORATION

COVER LETTER

то:	Registration Se Division of Co					
SUBJ	ECT: ZIGZA		d Liability Company)		-	
The en	nclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
	James R. F	Powell				
		0	Name of Person)	· · · · · · · · · · · · · · · · · · ·		_
	Powell-Link	c, L.L.C.				
		(Firm/Company)		07	35/N
	3352 Perimeter Rd.					
			(Address)		FEB 12	
	Palm City	, FL 34990			=	3,685
		(City	/State and Zip Code)		3 AH 8: 39	STA
For fu	rther information	concerning this matter, please	call:		9	<u>.</u>
Jam	es R. Powell		at (772) 283-229			. 4.4
	(Name	of Person)	(Area Code & Daytime T	elephone Number)		
Enclo	sed is a check for	or the following amount:				
▼ \$12	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of State Certified Copy (additional copy is er	us &	
		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	ns · Circle	·	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ZIGZAG - XRA	7.8		.*.
Must end with the wo	rds "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLĒ II - A	Address.		
		of the principal office of the Limited Liability C	ompany is:
g		• • • • • • • • • • • • • • • • • • •	
Principal Office	Address:	Mailing Address:	
3352 Perimeter Rd.		3352 Perimeter Rd.	
Palm City, FL 34990	<u> </u>	Palm City, FL 34990	
	4-4-		The second secon
business entity with a	in active Florida registration.) e Florida street address	own Registered Agent. You must designate an individual or and so of the registered agent are: James R. Powell, MGR	FILEU RETARY OF NOF CORP
		Name	e or
	3352 Perimeter Rd		ATTOH ATTOH
	Florida	street address (P.O. Box NOT acceptable)	
	Palm City,	FL 34990	an
	Ci	ty, State, and Zip	
liability com	pany at the place design	t and to accept service of process for the above sta acted in this certificate, I hereby accept the appoin a capacity. I further agree to comply with the prov	ntment as

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

statutes relating to the proper and complete performance of my duties, and I am familiar with and

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:

SVILIE — SVINDAVEE	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	<u>u</u>
<u> </u>	Service Servic
	<u>•</u> • • • • • • • • • • • • • • • • • •
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	39
CLE V: Effective date, if other than the	
	e date of filing:, (OPTIONAL)_ be specific and cannot be more than five business days pri
effective date is listed, the date must left to days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days pri
effective date is listed, the date must left to days after the date of filing.) REQUIRED SIGNATURE:	
effective date is listed, the date must 100 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mental (In accordance with sof this document constitution)	be specific and cannot be more than five business days pri
effective date is listed, the date must 100 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitution of this document constitution that the facts stated	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
effective date is listed, the date must 100 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute the facts stated James R. Powell, M.	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
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