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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | |
|---------------|------------------------------------|---|---|--|----------|---------------------------------|
| SUB. | JECT: ZINGEI | R-FOXTROT, LI | | | _ | |
| | | (Name of Limited | d Liability Company) | | | |
| | | Organization and fee(s) are so | - | | | |
| , 1043 | o rotain an concop. | ondence concenting this mane | to me todowing. | | | |
| | James R. F | owell | | Mag = 1 and | ; | |
| | | (1 | Name of Person) | | | ,,• |
| | Powell-Link | | · y | <u> </u> | É - | |
| | | (| Firm/Company) | | | ZĘ, |
| | 3352 Perir | neter Rd. | , allies | |)7 EEB | 1510 x |
| | | | (Address) | | | 유물- |
| | Palm City, | FL 34990 | <u>, 54≡</u> , , , , , , , , , , , , , , , , , , , | | 4 | 27. 23. 23. 23. 23. |
| | | (City | State and Zip Code) | | | _3 <u>~</u> |
| For fi | urther information o | concerning this matter, please | call: | | 8: 52 | ATION |
| Jan | es R. Powell | | at (772) 283-229 | | <u> </u> | |
| | (Name | of Person) | (Area Code & Daytime ? | elephone Number) | | |
| Encl | osed is a check fo | r the following amount: | | | | |
| ✓ \$1: | 25.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Certificate of Standard Copy (additional copy is | atus & | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ons r Circle | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liab | | | | |
|---|--|--|---|-----------------------------|
| ZINGER - FOXTROT, LLC (Must end with the words "Limited Lial | | many" or their abbras letion "I C" or | ··· | |
| fixers and whit the motor Philippe Pigi | omy Company, "Limited Con | apany of their appreviation LLC, or | D.C.,) | |
| ARTICLE II - Address: The mailing address and stree | t address of the princi | pal office of the Limited Liabil | lity Compa | any is: |
| Principal Office Address: | | ailing Address: | | • |
| 3352 Perimeter Rd. | 335 | 52 Perimeter Rd. | | |
| Palm City, FL 34990 | Pa | lm City, FL 34990 | | V. |
| | | | | 47.a |
| | serve as its own Registered agistration.) | Fice, & Registered Agent's Signate. You must designate an individual tered agent are: | | `= \ |
| Powell-Lin | k, L.L.C., James R. Pov | vell, MGR | 7 F | SSC FCF |
| | Name | | 1 833 | ×€ |
| 3352 Peri | meter Rd. | | ₩ ₩ | F CRY |
| | Florida street address | (P.O. Box NOT acceptable) | E S | _ 2 2 & 6 |
| Palm City, | FL | 34990 | တ္ တဲ့ | ST/ |
| | City, State, and Z | ip | 52 | |
| liability company at the pla registered agent and agree to statutes relating to the prope | ace designated in this c act in this capacity. I j er and complete perfort | pt service of process for the abovertificate, I hereby accept the a further agree to comply with the mance of my duties, and I am far and agent as provided for in Chap | ppointmen e provision miliar with | it as is of all h and |

(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:

| MGR | James R. Powell | |
|---|--|--------------|
| | 3352 Perimeter Rd. | ₹ - |
| | Palm City, FL 34990 | - |
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| LEV: Effective date, if other than the d | | |
| ffective date is listed, the date must be days after the date of filing.) | specific and cannot be more than five business d | ays prio |

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)