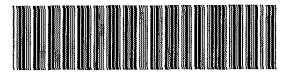
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

10:	Division of Co					
SUBJI	ECT: ZINGE	R-GOLF ,L	LC			
		(Name of Limite	d Liability Company)			
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.			
Please	return all corresp	oondence concerning this matte	er to the following:			
	James R. I	Powell				
		(Name of Person)	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	Powell-Lin	k, L.L.C.				
	-	((Firm/Company)		:	۔ بین
	3352 Peri	meter Rd.			07 F	¥350 0338
			(Address)	** 1	3	
	Palm City	, FL 34990		· · · · · · · · · · · · · · · · · · ·	ह्य	
		(City	/State and Zip Code)		Ī	골유드 음vs
For fu	ther information	concerning this matter, please	call:		ထ္ 55 3	TATE RATION
Jame	es R. Powel	(at (772) 283-229 (Area Code & Daytime T	2		
	(Nam	e of Person)	(Area Code & Daytime T	elephone Number)	•	4 4.1
Enclo	sed is a check f	for the following amount:				
I \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is en-	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 r Circle		-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Company" or their abbreviation "LLC," or "L.C.,")	
inal office of the Limited Liability Compa	env is:
-t	,,,,
Mailing Address:	
352 Perimeter Rd.	
alm City, FL 34990	. ~
	,
d Agent. You must designate an individual or another	SECRET
owell, MGR	92 92 93 93 93 93
stered agent are:	TARY ON OF CO
	RETARY OF S
	RETARY OF STATON OF CORPORAT
A A 8	RETARY OF STATE ON OF CORPORATION
	Mailing Address: 352 Perimeter Rd. Palm City, FL 34990 ffice, & Registered Agent's Signature: d Agent. You must designate an individual or another

Registered Agent's Signature (REQUIRED)

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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	James R. Powell 3352 Perimeter Rd.
	Palm City, FL 34990
	—————————————————————————————————————
	8: 55 23
	<u> </u>
<i>a</i>	
(Use attachment if necess	ary)
	her than the date of filing: (OPTIONA
fective date is listed, the days after the date of fil	late must be specific and cannot be more than five business day

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)