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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	on of Cor	ction porations				٠
SUBJECT: Z	INGE	R-JULIET , LI	_C			
			d Liability Company)			
The enclosed A	articles of	Organization and fee(s) are so	ubmitted for filing.			
Please return al	II corresp	ondence concerning this matte	r to the following:			
Jame	s R. F	owell	* *	*. *.		
		(Name of Person)			1
Powe	ell-Link	, L.L.C.			_	ٽ
	-	(Firm/Company)		0	NS.
3352	Perir	neter Rd.			7 FEE	SGE I
 			(Address)		ته	AS-
Palm	ı City,	FL 34990			13 AM 9: 05	ORPI ORPI
	<u>-</u>		/State and Zip Code)		ؿ	ORA.
					05	향
For further info	ormation (concerning this matter, please	call:			7
James R. I			at 772 283-2	2292	<u></u> .	. –
	(Name	of Person)	(Area Code & Daytir	ne Telephone Number)		
Enclosed is a	check fo	or the following amount:				
√ \$125.00 Fili	ing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enclosed	Certificate of S	tatus &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	n rations enter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the I	imited Liability	Company is:			
ZINGER - JUL	IET, LLC				
(Must end with the wor	ds "Limited Liability	Company, "Limited (Company" or their abbreviation "LLC,"	or "L.C.,")	·-
ARTICLE II - A					
		dress of the princ	cipal office of the Limited Lia	bility Comp	any is:
		are print	pu. 011100 01 0110 21111110 2111	,	,
Principal Office	Address:]	Mailing Address:		
3352 Perimeter Rd.			352 Perimeter Rd.		
Palm City, FL 34990			Palm City, FL 34990		. 🗓
1 4411 649, 1 2 0 1000			ann only, i Lo ioo		رد المحاسب
					;
			office, & Registered Agent's		
(The Limited Liability business entity with a			d Agent. You must designate an individ	lual or another	
·	-	•		0	Ξœ
The name and the	: Florida street a	ddress of the reg	istered agent are:	7	38
	Powell-Link, L.	.L.C., James R. P	owell, MGR	EB	Z
		Name		7 FEB J. 3. AM '9: 05	TA:
	22E2 Davisant	and Del			200
	3352 Perimet		ss (P.O. Box NOT acceptable)	<u> </u>	- 00 S
		riorida street addre	is (r.o. Box <u>No.</u> acceptanc)	0	Ã, Z
	Palm City,		_L 34990	ট্র	<u> </u>
		City, State, and	Zip		7.5
liability comp	amy at the place	designated in this	cept service of process for the a s certificate, I hereby accept th I further agree to comply with	e appointmer	u as
			ormance of my duties, and I am		
			red agent as provided for in C		
		() au	ell MER.		
	Registere	ed Agent's Signature	(REQUIRED)	· •	er to the

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell 3352 Perimeter Rd. Palm City, FL 34990
	OT FEB LA MA
	RPORATIONS
-	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Paul
(In accordance with see	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)
	GR of Powell-Link, LLC /ped 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)