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Special Instructions to F	Filing Officer:		
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SECRETARY OF STATE
OF FORFORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ZINGER - QUEBEC , LLC (Name of Limited Liability Company)	
(Camb of Emilion Statistics)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James R. Powell	
(Name of Person)	
Powell-Link, L.L.C.	
(Firm/Company)	
3352 Perimeter Rd.	SEU VISII 07
(Address)	ON ON
Palm City, FL 34990	FILED DF CORPU
(City/State and Zip Code)	₹ ₹
For further information concerning this matter, please call:	S JAI'E ORATIO 9: 16
James R. Powell 31, 772 , 283-2292	N.
James R. Powell at (772) 283-2292 (Name of Person) (Area Code & Daytime Telephor	e Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	\$160.00 Filing Fee, tificate of Status & rtified Copy is enclosed)

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the L	imited Liability Co.	mpany is:	
	ds "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or "L.C")	: I ·
ARTICLE II - A The mailing addre		s of the principal office of the Limited Liability Compa	ny is:
Principal Office	Address:	Mailing Address:	1
3352 Perimeter Rd.	<u> </u>	3352 Perimeter Rd.	
Palm City, FL 34990		Palm City, FL 34990	2%
(The Limited Liability business entity with an	Company cannot serve as in active Florida registration Florida Street address	ess of the registered agent are: ., James R. Powell, MGR Name	SECRETARY OF S DIVISION OF CORPOR
	Flori	da street address (P.O. Box NOT acceptable)	RAA AA
	Palm City,	FL 34990 City, State, and Zip	
liability comp registered agent statutes relating	med as registered ago any at the place desi and agree to act in th g to the proper and c	ent and to accept service of process for the above stated high grated in this certificate, I hereby accept the appointment his capacity. I further agree to comply with the provisions omplete performance of my duties, and I am familiar with ion as registered agent as provided for in Chapter 608, F.	t as s of all r and

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell 3352 Perimeter Rd. Palm City, FL 34990
· · · · · · · · · · · · · · · · · · ·	
	SECRETARY OF COLOR
	AM 9: 16
(Use attachment if necessary) ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	or an authorized representative of a member.
(In accordance with section of this document constitue that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
James R. Powell, MGR	t of Powell-Link, LLC

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)

Typed or printed name of signee