L07000/6/7X

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Charles Falls Name
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Solution of Co						
SUBJECT: ZINNIA	Name of Limited	C d Liability Compa	ny)		-	
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing	;.			
Please return all corresp	oondence concerning this matte	r to the following:	:			
James R. I	Powell					
	()	Name of Person)				is
Powell-Lin	k, L.L.C.				0.	<u> </u>
	(Firm/Company)			FEI	25
3352 Peri	meter Rd.				ندة دو	윢
		(Address)			=	OKP.
Palm City	, FL 34990				FEB 13 AM 9: 48	OF CORPORATION
	(City	/State and Zip Code)	<u> </u>	Ö	. 5
For further information	concerning this matter, please	call:				
James R. Powel	l	at (772	283-229	2		
(Nam	e of Person)		e & Daytime T	elephone Number)	,	-
Enclosed is a check f	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	у	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is en	lus &	.
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation utilding secutive Center tee, FL 32301	ns · Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZINNIA - CHAR (Must end with the words		ompany, "Limited	Company" or their abbreviation "LLC," or "l	L.C.,")	.a
ARTICLE II - Ad					
The mailing address	ss and street addi	ress of the prin	ncipal office of the Limited Liabili	ty Comp	any is:
Principal Office A	Address:	-	Mailing Address:		
3352 Perimeter Rd.			3352 Perimeter Rd.		
Palm City, FL 34990		• •	Palm City, FL 34990		-
			Office, & Registered Agent's Sig		·
business entity with an			icu Agent. 10a must vosignate an materialari	on universes	ټ
The name and the	Florida street ado	dress of the re	gistered agent are:	07	SE 38
	Powell-Link, L.L	C., James R.	Powell, MGR	7.0	로
		Name		. <u> </u>	₽X PX PX PX PX PX PX PX PX PX PX PX PX PX
	3352 Perimete	r Rd.		1 15 WW 201	SECTION AND A SE
	F	lorida street addr	ess (P.O. Box NOT acceptable)	نق	ST ST
	Palm City,		FL 34990		ATTO
		City, State, ar	nd Zip		₹ ` *
liability compo registered agent a statutes relating	any at the place d and agree to act in to the proper and igations of my po	esignated in th n this capacity d complete per	ccept service of process for the above is certificate, I hereby accept the ap. I further agree to comply with the formance of my duties, and I am far tered agent as provided for in Chap.	ppointmei provisioi miliar wit	nt as ns of all th 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:

MGR		
		James R. Powell
	1 1 2 7.0	3352 Perimeter Rd.
		Palm City, FL 34990
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		97 F
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(Use attachment if necess	sary)	
OF 50 41 1 4 10		
CLE V: Effective date, if o		te of filing: (OPTIONAL) pecific and cannot be more than five business days p
0 days after the date of fil		pecine and cannot be more than live business days p
v days unit the days of the	······································	
REQUIRED SIGNATU	RE:	
REQUIRED SIGNATU	RE:	$\supset \Omega\Omega$

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)

Page 2 of 2

Typed or printed name of signee

James R. Powell, MGR of Powell-Link, LLC