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(Requ	lestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doct	ıment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Co.							
SUBJECT: ZINNIA	Name of Limit	_C ed Liability Compa	any)				
The enclosed Articles of	f Organization and fee(s) are	submitted for filing	ξ,				
Please return all corresp	ondence concerning this mat	ter to the following	;	-			
James R. F	Powell						
	· · · · · · · · · · · · · · · · · · ·	(Name of Person)	·				
Powell-Link	k, L.L.C.				*		. :
		(Firm/Company)	.,		2:		. ¥. . ×.
3352 Perir	meter Rd.			, .	-	7 FE	SICR
		(Address)	 	-	a ;		
Palm City,	FL 34990					₽	02 70 70
	Cit	y/State and Zip Code	<u>.</u>	~	. :	10:38	- PS-
For further information	concerning this matter, pleas	e call:		,		38	ATO:
Imman D. David	- -	770	000 000	•			pl
James R. Powell	of Person)	at (//2	283-229 e & Daytime T	2 elephone Number	·)		. •
		Name of the second	etense i gra	* .			·
	or the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	: S155.00 F Certified Cop (additional copy	У	S160.00 Certificate of Certified Contact (additional contact)	of Status opy	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Dívision Clifton E 2661 Exc	ourier Addression Section of Corporation duilding ecutive Center See, FL 32301	ns · Circle			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ZINNIA- ROMEO, LLC		
	vany, "Limited Company" or their abbreviation "LLC," or "L	<u>C.,''</u>)
ARTICLE II - Address:		
	s of the principal office of the Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
3352 Perimeter Rd.	3352 Perimeter Rd.	
Palm City, FL 34990	Palm City, FL 34990	· . · · · · · · · · · · · · · · · · · ·
		
business entity with an active Florida registration. The name and the Florida street address		SECRE OTFEB
	Name	S SEE
3352 Perimeter Rd.		æ SS CE
	la street address (P.O. Box NOT acceptable)	OF STATOR ATTOR
Florid	,	**
Florid Palm City,	FI 34990	<u>ა</u> <u>პ</u> გ
Palm City,		ATTONS

(CONTINUED) Page 1 of 2

Registered (gent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	Of VISE
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	FARTE COYE
	OF STA
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<u> </u>	···
(Use attachment if necessary)	
(Ose acaomical in necessary)	
ICLE V: Effective date, if other tha	in the date of filing: (OPTIONAL)
	ust be specific and cannot be more than five business days prior
90 days after the date of filing.)	
DECHIDER CICALTUDE.	
REQUIRED SIGNATURE:	_ ^
/\	\bigcirc \bigcirc
(_)	Vamel
Signature of a m	ember or an authorized representative of a member.
	rith section 608.408(3), Florida Statutes, the execution

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

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)