L070000/6220

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
,	_	,
		
Special Instructions to	Filing Officer:	
		ĺ
		

Office Use Only



600087834866

02/12/07--01008--001 **52000.00

SECRETARY OF STATE OF CORPORATION OF CORPORATION OF CORPORATION OF FEB 12 AM IO: 52

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJ	ECT: ZINNIA	- ZULU , LL	C d Liability Company)		
			, ,		
The en	nclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please	return all correspo	ndence concerning this matte	r to the following:		
			,		
	James R. P				
		(1	Name of Person)	· · · · · · · · · · · · · · · · · · ·	**************************************
	Powell-Link	L.L.C.			
			Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
	3352 Perim	natar Rd		0.	₹ _s
	0002 1 6161	icter rtu.	(Address)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	. 85. S.C.
		_, `	,	G	유지
	Palm City,			क्र	SK
		(City	State and Zip Code)	3	꾸유
For fu	urther information c	oncerning this matter, please	call:	AM (0: 53	STAIL RATIO
Jam	es R. Powell		at 772 \ 283-229	2	7 4,
	(Name o	of Person)	(Area Code & Daytime To	elephone Number)	:
Enclo	osed is a check for	the following amount:			
√ \$12	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		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	Š

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
nwg
imited Company" or their abbreviation "LLC," or "L.C.,")
e principal office of the Limited Liability Company is:
Mailing Address:
3352 Perimeter Rd,
Palm City, FL 34990
* · · · · · · · · · · · · · · · · · · ·
tered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another the registered agent are: OFFI ARY OF STAFF Taddress (P.O. Box NOT acceptable) FL 34990 The and Tin.
ame 8 FEA
SO SAL
t address (P.O. Box NOT acceptable)
FL 34990 53 AII
ate, and Zip
I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and 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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	n and the second se
	Z,,
	AM IO
	O SATA
	<u></u> မိ ခွဲ့
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing:(OPTIONAL)
If an effective date is listed, the date mu	ist be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE	
	P.00
Signature of a m	ember or an authorized representative of a member.
of this document	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
James R. Powe	II, MGR 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