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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ZIPPER - GOLF ,LLC	
(Name of Limited Liability Company)	
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.	ي. رجي هند
(Firm/Company)	
3352 Perimeter Rd.	
(Address) $\frac{\leq \omega}{\sqrt{\sigma}}$	- · · · -
Palm City, FL 34990 문문	) ]
(City/State and Zip Code)	5=
Palm City, FL 34990  (City/State and Zip Code)  For further information concerning this matter, please call:  James R. Powell  1,772  283-2292	EU EU
at ( )	<del>-</del>
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigsquare \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\bigsquare \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$subs	
Mailing Address Street/Courier Address Registration Section Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
ZIPPER - GOLF ,LLC (Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "L.C	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
3352 Perimeter Rd.	3352 Perimeter Rd.	<u> </u>
Palm City, FL 34990	Palm City, FL 34990	-
	<u>and the state of </u>	
business entity with an active Florida registration.)  The name and the Florida street address  Powell-Link, L.L.C.,	James R. Powell, MGR	SECRETA JIVISION OF 07 FEB 1:
3352 Perimeter Rd		84
Florida	street address (P.O. Box NOT acceptable)	ARY OF STATE CORPORATE
Palm City,	FL 34990	= 35
Ci	FL 34990 ty, State, and Zip	7 J
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	t and to accept service of process for the above nated in this certificate, I hereby accept the appoint a capacity. I further agree to comply with the proposed performance of my duties, and I am family as registered agent as provided for in Chapter MCR.  MCR.  The Signature (REQUIRED)	ointment as vovisions of all liar with 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" = Manager "MGRM" = Managing Men	Name and Address:
MOKWI - Managing Men	nber
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
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	- B
The ettechnique if we are an	
fective date is listed, the dat days after the date of filing	r than the date of filing: (OPTION) te must be specific and cannot be more than five business da .)
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATURE	r than the date of filing: (OPTION. te must be specific and cannot be more than five business date.)
LE V: Effective date, if othe fective date is listed, the date days after the date of filing REQUIRED SIGNATURE  Signature of this docurrent of this docurrent feet and the content of this docurrent feet and the content of the conte	r than the date of filing: (OPTION to must be specific and cannot be more than five business date.)

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)