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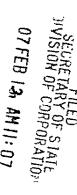
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

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COVER LETTER

Registration Section

TO:

Division of Corpo	orations				
SUBJECT: ZIPPER	-INDIA ,LLC				
	(Name of Limited	Liability Company)			
	Organization and fee(s) are su	_			
Please return all correspon	dence concerning this matter	r to the following:			
James R. Po	well				
	0	Name of Person)		<i></i>	.*
Powell-Link,	L.L.C.				
	()	Firm/Company)			
3352 Perim	eter Rd.			07	32 32 32 32 32 32 32 32 32 32 32 32 32
 		(Address)	· · · · · · · · · · · · · · · · · · ·	E B	22
Palm City, F	FL 34990				PAR PR
	·	State and Zip Code)		2	용무
For further information co	ncerning this matter, please	call:		AM II: 07	RY OF STAIL CORPORATION
James R. Powell		at (772) 283-229	2		**
(Name of	Person)	(Area Code & Daytime To	elephone Number)	•	
Enclosed is a check for	the following amount:				
▼ \$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is cr	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limit	ed Liability Compan	y is:	
ZIPPER - INDIA			
(Must end with the words "Li	mited Liability Company, "	Limited Company" or their abbreviation "LLC," or	"L.C.")
ARTICLE II - Addre	ice*		
		he principal office of the Limited Liabi	lity Company is:
Principal Office Add	ress:	Mailing Address:	
3352 Perimeter Rd.		.3352 Perimeter Rd.	
Palm City, FL 34990		Palm City, FL 34990	
		4 <u>- 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -</u>	
Po	rida street address of	the registered agent are: nes R. Powell, MGR	SECRETARY NVISION OF CO
	Florida stre	eet address (P.O. Box NOT acceptable)	HILED RY OF STA CORPORAL A AMILLO
Pa	Im City,	FL 34990	S IA
_	City, S	FL 34990 State, and Zip	Tion Tion D7
liability company of registered agent and of statutes relating to t	at the place designate agree to act in this caphe proper and completions of my position as	nd to accept service of process for the abold in this certificate, I hereby accept the epacity. I further agree to comply with the ete performance of my duties, and I am for registered agent as provided for in Challer MGR. Signature (REQUIRED)	appointment as se provisions of all amiliar 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:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	James R. Powell	
	3352 Perimeter Rd.	
	Palm City, FL 34990	
*		,
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		N N
		HOH:
		9
	A	Sin C
		Ŷ,
		3
(Use attachment if necessary))7	1
(Ose acadiment is steedsbury)		
CLE V: Effective date, if other than the c	late of filing: (OPTION	AL)
effective date is listed, the date must be	specific and cannot be more than five business da	ıys Į
0 days after the date of filing.)		
REQUIRED SIGNATURE:		
	Yamell	
	or an authorized representative of a member.	

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)

that the facts stated herein are true.)

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

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee