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COVER LETTER

TO:	Registration Sec Division of Cor						
SUBJI	ECT: ZIPPEF	R - Z/MA ,LLC (Name of Limited	l Liability Compa	ny)		-	
The en	closed Articles of	Organization and fee(s) are so	ibmitted for filing				
Please	return all correspondent	ondence concerning this matte	r to the following:	:			
	James R. F	Powell	_		74 (. <u> </u>	
		(1	Name of Person)				
	Powell-Link	, L.L.C.				07 F	VISIC
		(Firm/Company)			8	Z O
	3352 Perir	meter Rd.				TB 13 PH 12: 4	IVISION OF CORPORATION
			(Address)			T .	RPO
	Palm City,	FL 34990				<u> </u>	RATII
			State and Zip Code)			-8
For fu	rther information	concerning this matter, please	call:				
Jam	es R. Powell		at (772	283-229	2		
	(Name	of Person)	(Area Code	e & Daytime To	elephone Number)	_	
Enclo	sed is a check fo	or the following amount:					
▼ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	у	\$160.00 Filin Certificate of Sta Certified Copy (additional copy is c	atus &	č
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation outlding occutive Center sec, FL 32301	ns Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
ZIPPER - L/MA ,LLC					
	"Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
3352 Perimeter Rd.	3352 Perimeter Rd.				
Palm City, FL 34990	Palm City, FL 34990				
3352 Perimeter Rd.	nes R. Powell, MGR Name PH 12: 4				
	eet address (P.O. Box NOT acceptable)				
Palm City, City, 9	FL 34990 State, and Zip				
liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and s registered agent as provided for in Chapter 608, F.S MER Signature (REQUIRED)				

(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> "MGR" = Manager	Name and Address:
"MGRM" = Managing M	lember
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
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	and the second s
	: ÷
(Use attachment if neces	sary)
CI P.V. Differentian data if a	other than the date of filing:
	other than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days pr
90 days after the date of fil	
•	
DEQUIRED CICNATY	ind.
REQUIRED SIGNATU	(A)
	Jawell
Signatu	re of a member or an authorized representative of a member.
(In acco	ordance with section 608.408(3), Florida Statutes, the execution
of this c	locument constitutes an affirmation under the penalties of perjury he facts stated herein are true.)
James	R. Powell, MGR of Powell-Link, LLC
	Typed or printed name of signee

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)