L07000016275

(Re	questor's Name)	
(8.4	dress)	
(Ad	aress)	
(Ad	dress)	
(Cil	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700087835017

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

COVER LETTER

TO: Registration Section Division of Corporati	ions	· · · · · · · · · · · · · · · · · · ·	·		
SUBJECT: ZIPPER - C					.=
	(Name of Limited	Liability Company)			
The enclosed Articles of Orga	nization and fee(s) are su	bmitted for filing.			
Please return all corresponden	ce concerning this matter	r to the following:			
James R. Pow					
	(1)	Name of Person)			
Powell-Link, L.					
	(1	Firm/Company)			
3352 Perimete	er Rd.	·			. ≥ ≥ .
		(Address)		7 FE	\$55 \$25 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$3
Palm City, FL	34990		-	FEB 12 PM 12: 49	SETAN.
	(City)	State and Zip Code)		ا ا	SSO
For further information conce	ming this matter please	call.		i K	TARY OF STAIL
t of future information conce	ining this matter, prosse	voii.		61	ATIO
James R. Powell		at (772) 283-229			. .
(Name of Pe	rson)	(Area Code & Daytime To	elephone Number)		
Enclosed is a check for the	following amount:				
\$125.00 Filing Fee Ce	\$130.00 Filing Fee & rtificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of State Certified Copy (additional copy is enc	is &	
Re	ailing Address gistration Section vision of Corporations	Street/Courier Addres Registration Section Division of Corporatio			

P.O. Box 6327 Tallahassee, FL 32314

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 Company is:

	•	•	
ZIPPER - OSC	AR ,LLC		
(Must end with the we	ords "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II -	Address:		
The mailing add	ress and street address	of the principal office of the Limited Liabil	lity Company is:
Principal Office	e Address:	Mailing Address:	
3352 Perimeter Rd.		3352 Perimeter Rd.	
Palm City, FL 34990	0	Palm City, FL 34990	·- ·
(The Limited Liability	Registered Agent, Roy Company cannot serve as its an active Florida registration.	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual	gnature: I or another
The name and th	ne Florida street addres	s of the registered agent are:	VISIC 07F
	Powell-Link, L.L.C.,	James R. Powell, MGR	CRETARY ION OF CO
		Name	F CARY
	3352 Perimeter Ro	i.	PR PR
	Florid	a street address (P.O. Box NOT acceptable)	OF STA
	Palm City,	FL 34990	6.4 UNE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(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" = Mana "MGRM" = Man		Name and Address:
MGR		James R. Powell
		3352 Perimeter Rd.
		Palm City, FL 34990
		07
		70 70 70 70 70 70 70 70 70 70 70 70 70 7
		, k q
	·	
		Ö
		9
		
	·	
(Use attachment	t if necessary)	
	sted, the date must be	date of filing: (OPTIONA specific and cannot be more than five business day
ffective date is li	sted, the date must be late of filing.)	
ffective date is li days after the d	sted, the date must be late of filing.) IGNATURE:	specific and cannot be more than five business day
ffective date is li days after the d	sted, the date must be late of filing.) IGNATURE: Signature of member (In accordance with sect	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
ffective date is li days after the d	sted, the date must be late of filing.) IGNATURE: Signature of member (In accordance with sect of this document constit	e specific and cannot be more than five business day or or an authorized representative of a member. Ition 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein 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)