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COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: ZIPPEF	R-VICTOR ,LLC (Name of Limite	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
	ondence concerning this matte	-	
	_	C	
James R. P		Name of Person)	
Powell-Link	, L.L.C.		
	((Firm/Company)	
3352 Perin	neter Rd.)7 FE
-		(Address)	RETARY OF CO
Palm City,	FL 34990		CORP.
	(City	/State and Zip Code)	G.,,
For further information of	concerning this matter, please	call:	RATIONS
James R. Powell		at (772) 283-2292	
(Name	of Person)	(Area Code & Daytime Telephone Number	,
Enclosed is a check fo	r the following amount:		
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 I Certified Copy (additional copy is enclosed) Certified Co (additional copy	рру
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address 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	ipany is:
ZIPPER-VICTOR ,LLC	
(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	of 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
business entity with an active Florida registration.) The name and the Florida street address	
	Name P CORP
3352 Perimeter Ro	L P ROD
Florida	a street address (P.O. Box NOT acceptable)
Palm City,	FL 34990
Ci	ity, State, and Zip
liability company at the place design registered agent and agree to act in thi statutes relating to the proper and con accept the obligations of my positio	nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S IMAR. INCR.

(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	James R. Powell	
	3352 Perimeter Rd.	± & = -
	Palm City, FL 34990	des 1.00
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	***************************************	RAN
(Use attachment if necessary)	G	
•		PE,
	the date of filing: (OPTION	
effective date is listed, the date mu O days after the date of filing.)	st be specific and cannot be more than five business da	ays prior
o days after the date of fining.)		

Signature of a member or an authorized representative of a member

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the 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)