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(Requestor's Name)
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SEURETARY OF STATL
HITSION OF CORPORATION:
07 FEB 12 PM 1:10

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: ZIPPEF	R - XRAY ,LLC (Name of Limited	f Liability Company)			- · · · · · · ·
The er	nclosed Articles of	f Organization and fee(s) are so	ibmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
	James R. F	Powell				و د
		C	Name of Person)			
	Powell-Link	c. L.L.C.				<u></u>
			Firm/Company)	<u></u>	07	VISI VISI
	3352 Peri	meter Rd.			FEB 12	22
			(Address)		व्व	ARY CX
	Palm City	, FL 34990			P.M.	공유·
			/State and Zip Code)		PH	RA
For fu	rther information	concerning this matter, please	call:		Ø	OK:
Jam	es R. Powell		at (772) 283-229 (Area Code & Daytime T	2		
·	(Name	e of Person)	(Area Code & Daytime T	elephone Number)		
Enclo	osed is a check for	or the following amount:				
☑ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of State Certified Copy (additional copy is enc	15 &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	πs		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	ny is:
ZIPPER - XRAY ,LLC	'Limited Company" or their abbreviation "L.L.C," or "L.C.,")
(wast end with the words Elimited Elability Company,	Enimed Company of their above viation when the first f
ARTICLE II - Address: The mailing address and street address of t	he 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
	4.74
business entity with an active Florida registration.) The name and the Florida street address of Powell-Link, L.L.C., Jam 3352 Perimeter Rd.	_ \
Palm City,	FI. 34990 SS
City, S	FL 34990
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as a pacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and stregistered agent as provided for in Chapter 608, F.S MER. Signature (RÉQUIRED)

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	iber
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
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	THE PART OF THE PA
(Use attachment if necessary	φ).
•	•
	r than the date of filing: (OPTIONAL)
effective date is listed, the date 00 of filing.	te must be specific and cannot be more than five business days prior
o any miles into ante or ming.	7
REQUIRED SIGNATURE	J. Pamell
Signature of	f a member or an authorized representative of a member.
of this docur	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)
James R. F	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)