# Lo 70000/6403

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### **COVER LETTER**

TO: Registration Se Division of Con					
SUBJECT: ZITHEF	R-BRAVO ,LL				
	(Name of Limited	d Liability Company)			
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
James R. F	Powell				
	(1	Name of Person)		•	- '
Powell-Link	, L.L.C.				
1. 11.11.11	(	Firm/Company)	<u></u>		<u>.</u>
3352 Perimeter Rd.				07 F	VISIC
		(Address)		83	· \( \frac{1}{2} \)
Palm City,	FL 34990		, <del>.</del>	FEB 12 PM	RYCOT TRYCOT
	(City.	/State and Zip Code)		¥	296 S 408
For further information	concerning this matter, please	call:		2: 57	IAIE VATION
James R. Powell		at ( 772 ) 283-229	2	_	. 6
(Name	of Person)	(Area Code & Daytime Te	lephone Number)		
Enclosed is a check for	or the following amount:				
▼ \$125.00 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 en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
ZITHER-BRAVO LLC	
(Must end with the words "Limited Liability Company, "Lin	mited 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
<u></u>	n da <u>al degree de des de la degree de de</u> de de de de la degree de d
	s R. Powell, MGR
3352 Perimeter Rd.	**************************************
	address (P.O. Box NOT acceptable)
Palm City,	FL 34990
City, Stat	te, and Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

#### 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
		Z
***	•	TF SO
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		12 PH 2:57
	- :	
		22
		<u> </u>
(Use attachment if	necessary)	
LEV: Effective data	te, if other than the dat	te of filing: (OPTIONAL
days after the date	1, the date must be sp cof filing )	pecific and cannot be more than five business days
days after the date	or ming.	

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

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

#### Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)