## L070000/6408

| (Re                     | equestor's Name)   | <u></u>     |
|-------------------------|--------------------|-------------|
|                         | ·                  |             |
| (Ad                     | ldress)            |             |
| (Ac                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | <i>⇒#</i> ) |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | Certificates       | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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| <u> </u>                |                    |             |

Office Use Only



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## **COVER LETTER**

| TO:    | Registration Sec<br>Division of Cor |                                                                                                   |                                                                                                                                  |                                                                                    |                    |           |
|--------|-------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------|-----------|
| SUBJ   | ECT: ZITHER                         | R-FOXTROT ,LL<br>(Name of Limited                                                                 | .C<br>I Liability Company)                                                                                                       |                                                                                    |                    |           |
| The er | nclosed Articles of                 | Organization and fee(s) are so                                                                    | ubmitted for filing.                                                                                                             |                                                                                    |                    |           |
| Please | return all correspo                 | ondence concerning this matte                                                                     | r to the following:                                                                                                              |                                                                                    |                    |           |
|        | James R. F                          |                                                                                                   |                                                                                                                                  |                                                                                    |                    |           |
|        |                                     | (I                                                                                                | Name of Person)                                                                                                                  |                                                                                    |                    |           |
|        | Powell-Link                         | , L.L.C.                                                                                          |                                                                                                                                  |                                                                                    |                    | CJ.       |
|        |                                     | (                                                                                                 | Firm/Company)                                                                                                                    |                                                                                    | 07                 | SE        |
|        | 3352 Perin                          | neter Rd.                                                                                         |                                                                                                                                  |                                                                                    | FEB                |           |
|        |                                     |                                                                                                   | (Address)                                                                                                                        |                                                                                    | 4                  | ARY<br>CX |
|        | Palm City,                          | FL 34990                                                                                          |                                                                                                                                  |                                                                                    | PX                 | Y OF STAT |
|        |                                     | (City.                                                                                            | /State and Zip Code)                                                                                                             |                                                                                    | 07 FEB 12 PM 3: 03 | )RAT      |
| For fu | irther information                  | concerning this matter, please                                                                    | call:                                                                                                                            |                                                                                    | ធ                  | <u> </u>  |
| Jam    | es R. Powell                        |                                                                                                   | at (_772) 283-229                                                                                                                |                                                                                    |                    |           |
|        | (Name                               | of Person)                                                                                        | (Area Code & Daytime T                                                                                                           | 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 Filing Fee & Certified Copy (additional copy is enclosed)                                                               | \$160.00 Filing<br>Certificate of Stat<br>Certified Copy<br>(additional copy is en | us &               |           |
|        |                                     | 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 Tallahassee, FL 32301 | ons<br>r Circle                                                                    |                    |           |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| ZITHER - FOXTROT, LLC                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| (Must end with the words "Limited Liability Company, "Limited                                       | d Company" or their abbreviation "L.L.C," or "L.C.,")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                           |
| ARTICLE II - Address: The mailing address and street address of the pri                             | incipal office of the Limited Liability Compa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | my is:                                      |
| Principal Office Address:                                                                           | Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |
| 3352 Perimeter Rd.                                                                                  | 3352 Perimeter Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |
| Palm City, FL 34990                                                                                 | Palm City, FL 34990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ¥* • ,                                      |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                           |
| Palm City,                                                                                          | ered Agent. You must designate an individual or another egistered agent are:  Powell, MGR  Powel | SECRETARY OF STAIL SIVISION OF CORPORATIONS |
| City, State, a                                                                                      | nd Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |
| registered agent and agree to act in this capacity statutes relating to the proper and complete per | his certificate, I hereby accept the appointment.  I further agree to comply with the provision.  I formance of my duties, and I am familiar will stered agent as provided for in Chapter 608, F.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t as<br>s of all<br>n and                   |

(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  (Use attachment if necessary)  (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:                   | "MGR" = Manager "MGRM" = Managing Mem | nber                                                           |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------|-----------|
| (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:                                                                                                                 | MGR                                   | James R. Powell                                                |           |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       | 3352 Perimeter Rd.                                             | -         |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       | Palm City, FL 34990                                            |           |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       | <u> </u>                                                       |           |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       | 9                                                              |           |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       |                                                                | 27        |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       |                                                                | 믺         |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       |                                                                | CO<br>Sec |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       |                                                                | 80        |
| (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:                                                                                                                  |                                       | <u></u>                                                        | RA        |
| CLE V: Effective date, if other than the date of filing: (OPTIONAL)_ effective date is listed, the date must be specific and cannot be more than five business days pr 0 days after the date of filing.) | <u> </u>                              | မ                                                              | 10.1      |
| CLE V: Effective date, if other than the date of filing: (OPTIONAL)_ effective date is listed, the date must be specific and cannot be more than five business days pr 0 days after the date of filing.) |                                       |                                                                | .,        |
| CLE V: Effective date, if other than the date of filing: (OPTIONAL)_ effective date is listed, the date must be specific and cannot be more than five business days pr 0 days after the date of filing.) |                                       |                                                                |           |
| CLE V: Effective date, if other than the date of filing: (OPTIONAL)_ effective date is listed, the date must be specific and cannot be more than five business days pr 0 days after the date of filing.) | (Use attachment if necessary          | À                                                              |           |
| effective date is listed, the date must be specific and cannot be more than five business days pr<br>90 days after the date of filing.)                                                                  | (Coo attachment it necessary          | • •                                                            |           |
| effective date is listed, the date must be specific and cannot be more than five business days pr<br>0 days after the date of filing.)                                                                   | CLE V: Effective date, if other       | r than the date of filing: (OPTIONAL                           | <u>)</u>  |
|                                                                                                                                                                                                          | effective date is listed, the dat     | te must be specific and cannot be more than five business days | pr        |
| REQUIRED SIGNATURE:                                                                                                                                                                                      |                                       | .)                                                             |           |
| REQUIRED SIGNATURE:                                                                                                                                                                                      | o days after the date of filing.      |                                                                |           |
| /                                                                                                                                                                                                        | u days after the date of filing.      |                                                                |           |
|                                                                                                                                                                                                          | _                                     | G: Λ _                                                         |           |
|                                                                                                                                                                                                          | _                                     |                                                                |           |

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

that the facts stated herein are true.)

Typed or printed name of signee

of this document constitutes an affirmation under the penalties of perjury

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)