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(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Se Division of Co					
SUBJECT: ZITHER	R - GOLF ,LL (Name of Limited	C d Liability Company)			·
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
James R. F					_
	(1	Name of Person)	<del>-</del>	•	
Powell-Link	k, L.L.C.				_
,	(	Firm/Company)			_a ≗ ··
3352 Peri	meter Rd.				9
		(Address)	1 1 5 (Main	<b>07</b> F	7550 2803 7803
Palm City,	FL 34990			E8	¥67 
	(City.	/State and Zip Code)	<u> </u>	<i>b</i> 2	COS LEAN
For further information	concerning this matter, please	call:		PM 3: 04	) )F S [A ?PORA
James R. Powell		at (772 ) 283-229 (Area Code & Daytime	)2	7	
(Namo	of Person)	(Area Code & Daytime 1	Telephone Number)		. = `
Enclosed is a check for	or the following amount:				
<b>▼</b> \$125.00 Fi <u>li</u> ng Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
ZITHER - GOLF ,LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address:				
The mailing address and street address of the	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			
	~ <del>~</del> ~			
3352 Perimeter Rd.	et address (P.O. Box NOT acceptable)			
Palm City,	FL 34990 tate, and Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	In this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S  MGR.  Signature (REQUIRED)			

(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 D. Daviell
IVIGIT	James R. Powell 3352 Perimeter Rd.
	Palm City, FL 34990
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: (OPTIC
ffective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five business
DECHIDED SIGNATURE.	,
REQUIRED SIGNATURE:	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

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

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee