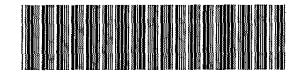
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

TO: Registration Division of C					
SUBJECT: ZITHI	R-SIERRA ,LI	·——		-	
	(Name of Limite	d Liability Company)			
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corre	spondence concerning this matte	er to the following:			
James R.					# ### # *
	(Name of Person)			
Powell-Li		. <u> </u>	<u> </u>		إده كي
	:	(Firm/Company)			<u> </u>
3352 Pe	rimeter Rd.	·	<u></u>	07 F	ASECR
		(Address)		8.	25 25 25 25 25 25 25 25 25 25 25 25 25 2
Palm Cit	y, FL 34990			The The	RY COR
	(City	/State and Zip Code)			P S S
For further information	on concerning this matter, please	call:		3: 23	TAIL VATION
James R. Powe		at (772) 283-229		_	
(Na	me of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check	for the following amount:				
▼ \$125.00 Filing Fe	e \$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 cr	tus &	
	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 r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name 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	
3352 Perimeter	Name	CREJARY OF CORP
	rida street address (P.O. Box NOT acceptable)	STALE ORATIC
Palm City,	FL 34990	23 23
	City, State, and Zip	₹
liability company at the place des	gent and to accept service of process for the signated in this certificate, I hereby accept th this capacity. I further agree to comply with	he appointment as

(CONTINUED) Page 1 of 2

Registered gent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell 3352 Perimeter Rd. Palm City, FL 34990
	07 FT
	PH 3: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2:
(Use attachment if necessary)	<u> </u>
CLE V: Effective date, if other than the effective date is listed, the date must left days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
REQUIRED SIGNATURE	Samell
(In accordance with so	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
	IGR of Powell-Link, LLC yped 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)