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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Con					
SUBJ	ECT: ZITHEF	R - TANGO ,LL (Name of Limited	.C I Liability Company)			
The er	nclosed Articles of	Organization and fee(s) are su	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
	James R. F	Powell				
		(I	Name of Person)			-
	Powell-Link	k, L.L.C.			0 7	: : '
		(Firm/Company)		HO.	55
	3352 Perin	meter Rd.			FEB 12	ON DE CORPORATION
		=	(Address)		70	2
	Palm City,	FL 34990			PH 3:124	ŏRA
		(City	/State and Zip Code)	——————————————————————————————————————	- 72	10H
For fu	rther information	concerning this matter, please	call:			Ţ,
Jam	es R. Powell		at (772) 283-229	2		
 -	(Name	of Person)	(Area Code & Daytime To	elephone Number)	•	-
Enclo	osed 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 Certificate of Status Certified Copy (additional copy is encl	s &	
		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	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Emmed Elaothey Company is.	
ZITHER - TANGO ,LLC	
(Must end with the words "Limited Liability Company, "Limited	f Company" or their abbreviation "LI.C," or "IC.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal 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
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the responsible powell-Link, L.L.C., James R.	ered Agent. You must designate an individual or another egistered agent are:
Name	EB 28.0
3352 Perimeter Rd.	ARY C
	ress (P.O. Box NOT acceptable) PROPORATION OF STATE OF S
Palm City,	FL 34990 3: RATIO
City, State, as	nd Zip 24 TH
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	is cept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S MGR ure (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	——————————————————————————————————————
	THE STATE OF THE S
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	P =
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(Use attachment if necessary) LE V: Effective date, if other than the offective date is listed, the date must lead age after the date of filing.)	e date of filing: (OPTIONAL be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
	; Pamell
	er or an authorized representative of a member.
Signature of a memi	ection 608.408(3), Florida Statutes, the execution stitutes 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)