## LD7000016489

(Requestor's Name)
(Address)
(Address)
(nuuress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE OF CORPORATION OF CORPORATION OF THE AM 7: 46

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
SUBJECT: ZODIAC	C-CHARLIE ,LLC			
		Liability Company)		
	Organization and fee(s) are su	_		
James R. P	_	Ū		
		Name of Person)		AL.
Powell-Link	, L.L.C.			
	. (	Firm/Company)	<u> </u>	o ₹
3352 Perin	neter Rd.			TEB IL AM
<u>-</u>		(Address)	en e	<b>15</b> C
Palm City,	FL 34990			A SEC
<u></u>	(City)	State and Zip Code)		
For further information of	concerning this matter, please	call:		OTFEB IN AM 7: 46
James R. Powell		at / 772 \ 283-229	2	
(Name	of Person)	at (772 ) 283-229. (Area Code & Daytime To	elephone Number)	• •
Enclosed is a check fo	r 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 end	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio 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 Con	npany is:	
ZODIAC - CHARLIE ,LLC		
(Must end with the words "Limited Liability Compa	any, "Limited 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 Comp	oany is:
Principal Office Address:	Mailing Address:	
3352 Perimeter Rd.	3352 Perimeter Rd.	
Palm City, FL 34990	Palm City, FL 34990	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
The name and the Florida street addres	s of the registered agent are:	SECRETARY
Powell-Link, L.L.C.,	James R. Powell, MGR	FA CAR
	Name	~~

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

City, State, and Zip

3352 Perimeter Rd.

Palm City,

(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:

James R. Powell 3352 Perimeter Rd. Palm City, FL 34990  VISIONE TARRETAR FOR THE PROPERTY OF T
3352 Perimeter Rd.
3352 Perimeter Rd.
Palm City, FL 34990  OT FEB TARKET FILE  OT FE
OT FEB TARY
THE SECOND
RPPC
ORAN I
<u> </u>
of filing: (OPTIONAL) cific and cannot be more than five business days prior
an authorized representative of a member.
608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Powell-Link, LLC r 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)