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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	;#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certifled CopiesCertificates	of Status
Special Instructions to Filing Officer:	·

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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: ZODIA	C-WHISKEY ,LLC				
		I Liability Company)			
The enclosed Articles o	f Organization and fee(s) are so	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.				
	(Firm/Company)		·	•
3352 Peri	meter Rd.			0	ા ≥≥ડ
		(Address)		7 FE	SEC
Palm City	, FL 34990				FIAN PERAN
	(City)	/State and Zip Code)	•	₹ 2	COR
For further information	concerning this matter, please	call:		FEB 19 AM 8: 17	CORPORATI
James R. Powell		at (772) 283-229	2		2
(Name	of Person)	(Area Code & Daytime T	elephone Number)		≰ ື.≟″
Enclosed is a check for	or 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 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 Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm City,

ZODIAC -WHISKEY,LLC		
(Must end with the words "Limited Liability Compa	ny, "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 Liabil	ity 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, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Si own Registered Agent. You must designate an individual	gnature: for another
The name and the Florida street addres	s of the registered agent are:	VISIC 07 F
Powell-Link, L.L.C.,	James R. Powell, MGR	FEB
	Name	F COAR
3352 Perimeter Ro	l.	
Florid	a street address (P.O. Box NOT acceptable)	య జ్ఞాగ

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..

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(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		Name and Address:	
"MGRM" = Managing Member			
MGR	, <u></u>	James R. Powell	
		3352 Perimeter Rd.	
		Palm City, FL 34990	
	• -	<u> </u>	.

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]
(Use attachment if necessary)			7
CLE V: Effective date, if other than	the date	of filing: (OPTIO	NAL)
effective date is listed, the date mus	st be spe	ecific and cannot be more than five business of	lays pi
00 days after the date of filing.)			
REQUIRED SIGNATURE:			
		o el	
Signature of a me	mber or	an authorized representative of a member.	
(In accordance wit of this document of that the facts sta	onstitutes	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	
and the med se	about incidit.	i die ti de.)	

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)

Typed or printed name of signee