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(Re	questor's Name)	<u></u>
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE OF STATE OF CORPORATION

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: ZOMB		LC d Liability Company)			
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
James R.		<u> </u>	· _ · · ·		
	(Name of Person)			
Powell-Lin	k, L.L.Ç.				
	((Firm/Company)			
3352 Peri	meter Rd.				<u>.</u>
		(Address)		SIC SIC	SEC
Palm City	, FL 34990	الأرابس الأفاد المسائل	*	PEB P	ÆĭÀ-
	(City	/State and Zip Code)			
For further information	concerning this matter, please	call:		AM 8:2	of STAI
James R. Powel		at 772 \ 283-229		æ 5) F T
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)	_ 	
Enclosed is a check f	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 1 Certificate of Status Certified Copy (additional copy is enclosed)	: &	
	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 Co	ompany is:			
ZOMBIE - DE	LTA LLC	<u> </u>	en e		
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address:					
		•			
Principal Office	Address:	Mailing Address:			
3352 Perimeter Rd.		3352 Perimeter Rd.			
Palm City, FL 34990	· · · · · · · · · · · · · · · · · · ·	- Palm City, FL 34990			
		<u> </u>			
		ess of the registered agent are: C., James R. Powell, MGR Name	SECRETARY VISION OF CO		
	3352 Perimeter	Rd.	F FR		
	Flor	ida street address (P.O. Box NOT acceptable)	₹ 899		
	Palm City,	FL 34990	8 851		
	· · · · · · · · · · · · · · · · · · ·	City, State, and Zip	ATT. 28		
liability comp registered agent statutes relatin	oany at the place des and agree to act in t g to the proper and d	gent and to accept service of process for the above ignated in this certificate, I hereby accept the appoints capacity. I further agree to comply with the procomplete performance of my duties, and I am familian as registered agent as provided for in Chapter	ointment as rovisions of all liar with and		
	Registered A	gent's Signature (REOURED)			

(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 R. Powell
, -	3352 Perimeter Rd.
	Palm City, FL 34990
	<u> </u>
	7 FEB
	<u> </u>
(Use attachment if necessary)	28
LE V: Effective date, if other than the	e date of filing:, (OPTIONAL
fective date is listed, the date must be days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE:	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

Typed 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)