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(Red	juestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	

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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: ZOMBI		LC d Liability Company)			1/4
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				· 2
	(1	Name of Person)			
Powell-Link	k, L.L.C.	•	*	•	٠,, ;
	(Firm/Company)	······································		-
3352 Peri	meter Rd.			. 4	
		(Address)	<u> </u>	-0	ું S
Palm City, FL 34990		7 FE	SIOR		
	(City	/State and Zip Code)		<u>~</u>	STA STA
For further information	concerning this matter, please	call:		FEB IZ AM	CORPO
James R. Powellat (772) 283-2292		9: 43	STATE RATIO		
(Name	of Person)	(Area Code & Daytime T	elephone Number)		777
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 Stat Certified Copy (additional copy is en	us &	
	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

The name of the L	me:		
	imited Liability Co	ompany is:	
ZOMBIE - ZUL			W C "
(Must end with the word	is "Limited Liability Con	npany, "Limited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Ac The mailing addre		ss of the principal office of the Limited Liabi	lity 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 Office, & Registered Agent's Sign: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Powell-Link, L.L.C., James R. Powell, MGR		d or another	
	Powell-Link, L.L.C		EB -
	Powell-Link, L.L.C		RETARY NOF CO
	3352 Perimeter	C., James R. Powell, MGR Name Rd.	FEB IR AM 9
	3352 Perimeter	C., James R. Powell, MGR	RETARY OF STAI IN OF CORPORATI
	3352 Perimeter	C., James R. Powell, MGR Name Rd. rida street address (P.O. Box <u>NOT</u> acceptable) FL 34990	RETARY OF STAIL IN OF CORPORATION EB I AM 9: 43
	3352 Perimeter	C., James R. Powell, MGR Name Rd. rida street address (P.O. Box NOT acceptable)	RETARY OF STATE NOF CORPORATIONS EB 12 AM 9: 43

(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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	James R. Powell	_
,	3352 Perimeter Rd.	To the State of State
	Palm City, FL 34990	کیس ۶۰۰۰ کیس
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	Same .	CORPI
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		ATTO ATTO
(Use attachment if necessary)		3. JH.
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIC	ONAL)
If an effective date is listed, the date must be sp o or 90 days after the date of filing.)	pecific and cannot be more than five business	days prior
o or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
	' .00	
Signature of a member or	r an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated herei	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	
James R. Powell, MGR o		
Typed	or printed name of signee	; · - · ∫ ,2

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)