## 407000016890

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
y—-q	_	F-1
☐ ÞICK-UP	MAIT	MAIL
(Bu	sin <b>e</b> ss Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opecial mandonona to	I amy Omoor.	

Office Use Only



000087836230

02/12/07--01008--001 \*\*52000.00

SECRETARY OF STAFE
OF CORPORATION
OF FEB 12. AH IO: 28

AM 10: 28

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: ZONING - GO		Liability Company)		· · · · •	
The enclosed Articles of Organization	on and fee(s) are su	ibmitted for filing.			
Please return all correspondence con	scerning this matter	r to the following:			
James R. Powell					
	(P	Name of Person)	- <del>-</del> · · ·	<b>*</b> *': <del></del> -	
Powell-Link, L.L.C.					
	1)	Firm/Company)			-
3352 Perimeter R	d.			SEC NVISI	
<del></del>		(Address)		H 오ဣ	
Palm City, FL 349			P	OF CO	
<del>-</del>	(City/	State and Zip Code)	3		
For further information concerning	this matter, please	call:	07 10	OF STAIL PRORATION	
James R. Powell		at ( 772 ) 283-2292 (Area Code & Daytime Tel		<b>-</b> €	
(Name of Person)		(Area Code & Daytime Te	lephone Number)	** æ = = _	
Enclosed is a check for the follo	wing amount:				
\$125.00 Filing Fee \$130. Certifica	.00 Filing Fee & tee of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclosed)	&	
Division P.O. Box	ion Section of Corporations	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	s		_

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
ZONING - GOLF ,LLC	
(Must end with the words "Limited Liability Company, "Lin	mited 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 Company is:
Principal Office Address:	Mailing Address:
3352 Perimeter Rd.	3352 Perimeter Rd.
Palm City, FL 34990	Palm City, FL 34990
business entity with an active Florida registration.)  The name and the Florida street address of th  Powell-Link, L.L.C., James  Nar  3352 Perimeter Rd.	R. Powell, MGR
	address (P.O. Box NOT acceptable)
Palm City,	FL 34990 G RS
City, Stat	re, and Zip $\stackrel{\sim}{\sim}$ $\stackrel{\sim}{\sim}$ $\stackrel{\sim}{\sim}$
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S  MER  mature (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
	EB SION
<del></del>	<u> </u>
	OŘ.
(Use attachment if necessary)	AM 10: 21
CLE V: Effective date, if other than the	or or
	pe specific and cannot be more than five business days
o days ares the date of ming.	
REQUIRED SIGNATURE: \	Λ
	Pamel
	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.

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

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