## 2070000/6913

(Requestor's Name)					
(Ad	(Address)				
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(Cit	y/State/Zip/Phone	#)			
	<b>—</b>	<b></b>			
☐ ЫСК-ОР	WAIT	L_ MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
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## **COVER LETTER**

TO: Registration Second Division of Cor				
SUBJECT: ZONING	G <i>-November</i> ,LLC			
- ,		Liability Company)	_	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.		
Please return all correspondent	ondence concerning this matter	r to the following:		
James R. F	Powell			
	0	Name of Person)	- C - G	ै2≅र्नर क्लाउ
Powell-Link	k, L.L.C.	_		_
	()	Firm/Company)		Eg en a
3352 Perir	meter Rd.			_
		(Address)		ے مائیں۔ مش
Palm City,	FL 34990		07	_ <del>                                     </del>
	(City)	(State and Zip Code)	FEB	- 종울
For further information	concerning this matter, please	cail:	AMIO. 46	FILED TARY OF OF CORE
James R. Powell		at ( 772) 283-2292	_ <u>ë</u>	ST OR/
(Name	of Person)	(Area Code & Daytime Telephone Number)	9.1	ATION
Enclosed is a check for	or the following amount:			₹ <del>'</del> 9
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ZONING - NOVEMBER, LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	ncipal 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
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Powell-Link, L.L.C., James R.	Powell MGR
Name	B. COPY
3352 Perimeter Rd.	COX F
	ress (P.O. Box NOT acceptable)  FL 34990
Palm City,	FL 34990 - AAA
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	cocept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S  MER  ure (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.	ing vita two
	Palm City, FL 34990	<del>यद</del> ीय का अर्थक जुल
<del></del>		- (A)
<del></del>	07 FE	VISION
(Use attachment if necessary)  RTICLE V: Effective date, if other than the date an effective date is listed, the date must be sport 90 days after the date of filing.)	te of filing: (OPTION; pecific and cannot be more than five business da	F CORPORALION
	r an authorized representative of a member.	TK σ .
(In accordance with section of this document constituted that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury thin are true.)	
James R. Powell, MGR	of Powell-Link, LLC	· 144

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)