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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
STYISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: ZONIN	IG-QUEBEC ,LLC	d Liability Company)			-
	(Name of Limite	u Liaomity 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.	Powell				
		Name of Person)	-	**************************************	क्रम
Powell-Lin	k, L.L.C.				
	- 1	(Firm/Company)	Act.	Jare ⊋	* '
3352 Peri	meter Rd.				
		(Address)		Nisk Jasan Miss	. w ^e in
Palm City	, FL 34990			FE	-
	(City	/State and Zip Code)		P CONT	
For further information	n concerning this matter, please	call:		OF STATE ORPORATIONS 5	- **
James R. Powe	1	at 772 \ 283-229	2	21 STE	,
(Nam	e of Person)	(Area Code & Daytime To	elephone Number)	天	
Enclosed is a check t	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		٠

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limit	ed Liability Company is:		
ZONING - QUEBEC			
(Must end with the words "Li	mited Liability Company, "Limited	f Company" or their abbreviation "LLC," or	r "L.C.,")
ARTICLE II - Addre The mailing address ar		ncipal office of the Limited Liab	ility Company is:
Principal Office Add	ress:	Mailing Address:	
3352 Perimeter Rd.	·	3352 Perimeter Rd.	
Palm City, FL 34990		Palm City, FL 34990	
		•	
The name and the Flor	iny cannot serve as its own Registe e Florida registration.) ida street address of the re well-Link, L.L.C., James R.)
	Name	-	귀롱
33	52 Perimeter Rd.		FILED FILED ISION OF CORPORAT 17 FEB I 2 AM 10: 5
	Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)	> SO Y E
Pal	im City,	FL 34990	
	City, State, ar	nd Zip	÷ 5
liability company a registered agent and a statutes relating to th	at the place designated in th agree to act in this capacity he proper and complete per	ccept service of process for the ab nis certificate, I hereby accept the a . I further agree to comply with the formance of my duties, and I am f tered agent as provided for in Cha	nove stated limited appointment as appointment as fall familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	James R. Powell
• • •	3352 Perimeter Rd.
	Palm City, FL 34990
-	
	O7 FE
E	A CAR
	OR PC
	POR SIA
(Use attachment if necessary)	
CLE V: Effective date, if other than th	e date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior
00 days after the date of filing.)	
REQUIRED SIGNATURE:	
	Paul
Signature of a mend	per or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated	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)