407000016968

(Req	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: ZONKE	D- DELTA ,L	_C			
5656261.		Liability Company)		•	
	Organization and fee(s) are sundence concerning this matter				
•	-	Ç			
James R. Po		ame of Person)	<u> </u>		
	·				
Powell-Link,					- ,
	(irm/Company)	-	•	
3352 Perim	eter Rd.				
		(Address)	A	07	ZIZ
Palm City,	FL 34990			E	HO
		State and Zip Code)	** - 1 - 1 - 1	5	30.
For further information co	oncerning this matter, please	all:		Q. PH 12: 3:	VISION OF CORPORATION
James R. Powell		_{at (} 772) 283-2292	2	36	7.0
(Name o	of Person)	at (772) 283-2292 (Area Code & Daytime Te	lephone Number)	_	72
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is e	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 266f Executive Center Tallahassee, FL 32301	35		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Lin		mpany is:		
ZONKED - DEL		pany, "Limited Company" or their abbreviation "LI.C," or "L.C	\)	^ - 4
ARTICLE II - Add The mailing address		ss of the principal office of the Limited Liability	Compa	ıny is:
Principal Office A	ddress:	Mailing Address:		
3352 Perimeter Rd.		3352 Perimeter Rd.		
Palm City, FL 34990		Palm City, FL 34990		
business entity with an a	ctive Florida registration Florida street addre	its own Registered Agent. You must designate an individual or an individua	07 FEB 142	SECRETARY
	3352 Perimeter F	Rd	P :	305
	Flori	da street address (P.O. Box NOT acceptable)	PM 12: 3	g S
	Palm City,	_{FL} 34990	မ	A = 1
		City, State, and Zip	3, 5	₹.
		ent and to accept service of process for the above, gnated in this certificate, I hereby accept the appo		

(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	٠.
		•
		>
		รูกรอ
		<u> </u>
		<u>P</u>
(Use attachment if necessary)		PM 12: 37
(Ose alaemiene ii necessary)		<u>"</u>
	date of filing: (OPTIC	
fective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five business	day:

Signature of a member or an authorized representative of a member.

(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)