L07000016971

		·
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
,		-
Special Instructions to	Filing Officer:	
		,

Office Use Only



500087702455

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

COVER LETTER

TO:

Registration Section

Division of Cor	porations				
SUBJECT: ZONKE	D-FOXTROT ,L	LC			
	(Name of Limite	d Liability Company)			-
	Organization and fee(s) are s	_			
riease return all correspo	ondence concerning this matte	r to the following:			
James R. P					
	()	Name of Person)			
Powell-Link	, L.L.C.				
	(Firm/Company)			_
3352 Perin	neter Rd.		,		
		(Address)			_
Palm City,	FL 34990				;,, ,,,,
	(City.	/State and Zip Code)		0 7 F	JISIC NAS
For further information c	concerning this matter, please	call:		FEB IR PH 2: 40	RETARY OF O
James R. Powell		at (772) 283-2292	2	2	
(Name	of Person)	(Area Code & Daytime Te	lephone Number)] - 교	STAIL
Enclosed is a check for	r the following amount:) N
☑ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filir Certificate of Sta Certified Copy (additional copy is of	atus &	•
	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	18		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the wo	rds "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - A	Address:		
The mailing add	ress and street addres	s 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	
			
(The Limited Liability business entity with	Company cannot serve as i an active Florida registration e Florida street addre	ess of the registered agent are: ., James R. Powell, MGR Name	SEURETARY OF CHARMAN
	Flori	da street address (P.O. Box NOT acceptable)	OF STATORPORATION
	Palm City,	FL 34990	# AM
	1	City, State, and Zip	- O Or
liability com registered agent	pany at the place desi and agree to act in th	ent and to accept service of process for the abo gnated in this certificate, I hereby accept the a his capacity. I further agree to comply with th omplete performance of my duties, and I am fo	ppointment as e provisions of all

(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:

"MGR" = Managing Member MGR James R. Powell 3352 Perimeter Rd. Palm City, FL 34990 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five to r 90 days after the date of filing.)	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	
(Use attachment if necessary) [CLE V: Effective date, if other than the date of filing:	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five to days after the date of filing.)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five to days after the date of filing.)	
CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five to days after the date of filing.)	
CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five by days after the date of filing.)	
CLE V: Effective date, if other than the date of filing: Iffective date is listed, the date must be specific and cannot be more than five by days after the date of filing.)	
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five be days after the date of filing.)	
CLE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five by days after the date of filing.)	OJ NSK
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five be days after the date of filing.)	<u>a</u> 98
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five be days after the date of filing.)	
LE V: Effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be more than five be days after the date of filing.)	COR COR
ffective date is listed, the date must be specific and cannot be more than five be days after the date of filing.)	POS
ffective date is listed, the date must be specific and cannot be more than five be days after the date of filing.)	OPTIONAL
	ısine ss dağ prior
REQUIRED SIGNATURE:	and the second
REQUIRED SIGNATURE:	
()()	

(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)