LO 7000016972

(Re	equestor's Name))
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJ	ECT: ZONKE		LC I Liability Company)		_	
The en	nclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.			
Please	return all corresp	ondence concerning this matte	r to the following:			
	James R. F	Powell				<u> </u>
		G	Name of Person)			
	Powell-Link	k, L.L.C.	g see in and	w x	,	
		(Firm/Company)			
	3352 Perir	neter Rd.		·•	07	12 SE
			(Address)		FEB	문문
	Palm City,	FL 34990				GEAS CEAS
		(City,	/State and Zip Code)			-32 -22 -23 -24 -24 -24 -24 -24 -24 -24 -24 -24 -24
For fu	rther information	concerning this matter, please	call:		14:21 HP	CRPORATION
Jam	es R. Powell		at (772) 283-229.	2		77
	(Name	of Person)	(Area Code & Daytime To	elephone Number)		•
Enclo	sed is a check fo	or the following amount:				
 \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fili Certificate of St Certified Copy (additional copy is	tatus a	&
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	ame:			
The name of the I	Limited Liability Co	mpany is:		
ZONKED - G-	OLF ILLC			
(Must end with the wor	rds "Limited Liability Com	pany, "Limited Company" or their abbreviation "LLC," or "L	.C.,*")	Take Balance
ARTICLE II - A	ddress.			
		ss of the principal office of the Limited Liabilit	у Сотр	any is:
Principal Office	Address:	Mailing Address:		•
3352 Perimeter Rd.		3352 Perimeter Rd.		
Palm City, FL 34990		Palm City, FL 34990		Tight
				1 F5
A TROPINACION NO MARK	Th	D (1000 0 D 11 11 11 11 01 11		·
		Registered Office, & Registered Agent's Sign its own Registered Agent. You must designate an individual o		
business entity with a	in active Florida registratio	n.)		<i>=</i> =
The name and the	e Florida street addre	ess of the registered agent are:	07	≥
			귀	웃물
	Powell-Link, L.L.C	., James R. Powell, MGR	FEB 142 PM 12: 4	유
		reasse	<i>t</i> 3	377
	3352 Perimeter F		3	중유는
		ida street address (P.O. Box NOT acceptable)	ন্ত	SS
	Palm City,	FL 34990 City, State, and Zip	£	THE STATE OF THE S
		City, State, and Zip		=
Havina haan na		ent and to accept service of process for the abov	e stated	limited
		ignated in this certificate, I hereby accept the app		
registered agent	and agree to act in t	his capacity. I further agree to comply with the p	provisio	ns of all
		complete performance of my duties, and I am fan		
accept the of	bligations of my posit	tion as registered agent as provided for in Chapt	er 608, 1	F.S.,
	/\	$\langle \langle \rangle \rangle \mathcal{M}$		
		I awell MCR.	•	
	Registered A	gent's Signature (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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	PR 12: 4
(Use attachment if necessary)	<u>-</u>
LE V: Effective date, if other than the	he date of filing: (OPTIONA
ffective date is listed, the date must	
	he date of filing: (OPTIONA be specific and cannot be more than five business day
ffective date is listed, the date must days after the date of filing.)	
ffective date is listed, the date must	
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	be specific and cannot be more than five business day there or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Signature of a mem (In accordance with of this document conthat the facts state. James R. Powell, I	be specific and cannot be more than five business day ther or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury

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)