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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e#)		
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COVER LETTER

TO: Registration So Division of Co						
SUBJECT: ZONKI		LC I Liability Compa	uny)			
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing	; .			
Please return all corresp	oondence concerning this matte	r to the following	: -			
James R. I	Powell					15.45
	(1	Name of Person)		w more way		<u>.</u>
Powell-Lin	k, L.L.C.					.· ==
		Firm/Company)	<u> </u>		<u></u> -	
3352 Peri	meter Rd.	- <u> </u>	<u> 45</u> 500 1 <u>17</u>		<u>0</u>	 ¥
·		(Address)			33/	말
Palm City	, FL 34990	,			<u>=</u>	PAT ART
	(City	/State and Zip Code	e)			SSC
For further information	concerning this matter, please	cali:			PM 12: 48	SIAII
James R. Powel	I	at (772	, 283-2292	2	σ.	0 % 0
(Nam	e of Person)	(Area Cod	le & Daytime Te	lephone Number)		
Enclosed is a check f	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	S160.00 Fill Certificate of S Certified Cop (additional copy i	Status á y	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
ZONKED - Z/MA LLC (Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," o	r"LC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
3352 Perimeter Rd.	3352 Perimeter Rd.	
Palm City, FL 34990	Palm City, FL 34990	
	, e. , e. <u>e. e. e </u>	
The name and the Florida street address of Powell-Link, L.L,C., Jar	•	SEURETARY OF STATE VISION OF CORPORATION 07 FEB LA PH 12: 48
3352 Perimeter Rd.		3 200 €
Florida str	reet address (P.O. Box NOT acceptable)	5 S.L. 50R.Z.
Palm City,	FL 34990	#8 AT A
City,	State, and Zip	*
registered agent and agree to act in this co statutes relating to the proper and compo accept the obligations of my position a	ed in this certificate, I hereby accept the apacity. I further agree to comply with t	appointment as he provisions of all familiar with and

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR _	James R. Powell
	3352 Perimeter Rd.
	Palm City, FL 34990
	7 FEB
	PM 12: 48
	<u> </u>
(Use attachment if necessary)	.^
RTICLE V. Effective date if other tha	an the date of filing: (OPTIONAL)
If an effective date is listed, the date m	ust be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	
REQUIRED SIGNATURE	
(\	Parell
Signature of a r	ember or an authorized representative of a member.
of this documen	vith section 608,408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury
	stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

James R. Powell, MGR of Powell-Link, LLC

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee