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COVER LETTER

TO: Registration Se Division of Con					
SUBJECT: ZONKE	71317	LC		_	
	(Name of Limited	d Liability Company)			
The enclosed 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	•			
	0	Name of Person)			-
Powell-Link	k, L.L.C.				
	(Firm/Company)	- *		<u> </u>
3352 Perir	meter Rd.				
		(Address)			
Palm City,	FL 34990			07 F	VISIO SECF
	(City	/State and Zip Code)	2 23 24 2	83	H OF TA
For further information	concerning this matter, please	call:		FEB 12- PH 12: 50	RY OF STAIL
James R. Powell		at / 772 \ \ 283-2292	2	5	STA
	of Person)	at (772) 283-2292 (Area Code & Daytime Te	lephone Number)	. 2.	
Enclosed is a check for	or the following amount:				,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	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 2661 Executive Center Tallahassee, FL 32301	ns	-	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:			•		
The name of the Li	mited Liability (company is:				
ZONKED - MIH					· ·	
(Must end with the words	s "Limited Liability Co	mpany, "Limited Company"	or their abbreviation "LI	.C." or "L.C.,"	``)	
ARTICLE II - Ad The mailing addres		ess of the principal off	ice of the Limited	Liability C	Compa	ny is:
Principal Office A	Address:	Mailing	Address:	,		
3352 Perimeter Rd.		3352 Perin	neter Rd.			
Palm City, FL 34990	- · · · · · · · · · · · · · · · · · · ·	Palm City,	FL 34990	-	- ,	# <u>#</u>
						
The name and the	Florida street add	ion.) Iress of the registered a C., James R. Powell, M	_		07 FEB	SECRET
		Name		est de la company	ফ	77 AN T
	3352 Perimete				7	젊으는
	FI	orida street address (P.O. B	ox NOT acceptable)	*	PH 12:	BS.
	Palm City,	FL 3499	000		50	TAC AL
	,	City, State, and Zip	-			<u>- ₹</u>
liability compa	my at the place de	igent and to accept serv esignated in this certific this capacity. I further	ate, I hereby accep	t the appoi with the pro	ntmen vision	t as s of all

(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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	MGR	3352 Perimeter Rd.
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:		
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.		OT FEB 1
ARTICLE V: Effective date, if other than the date of filing:	(Heaptrachment if managemy)	PMI2: 50
Signature of a member or an authorized representative of a member.	ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be	
· · · · · · · · · · · · · · · · · · ·	- A Pau	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	(In accordance with section of this document constituent that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein 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)

Typed or printed name of signee