L07000017097

| (Requ | ıestor's Name) | |
|-----------------------------|--------------------|---------------------------------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/ | State/Zip/Phone #) | · · · · · · · · · · · · · · · · · · · |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Name) | |
| (Docu | ıment Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Fil | ling Officer: | |
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COVER LETTER

| TO: | Registration S Division of C | | | | | |
|---------------|---|---|---|--|----------|---|
| SUBJ | ECT: ZONK | ED-QUEBEC ,L | LC . | · | | |
| | | (Name of Limited | l Liability Company) | | | |
| The er | nclosed Articles | of Organization and fee(s) are su | ubmitted for filing. | | | |
| Please | return all corres | pondence concerning this matte | r to the following: | | | |
| | James R. | Powell | | | | |
| | | (1 | Name of Person) | | | |
| | Powell-Lin | ık, L.L.C. | | | | |
| | | (| Firm/Company) | | | |
| | 3352 Per | imeter Rd. | | | | <u>ي</u> حجــــــــــــــــــــــــــــــــــــ |
| | , | | (Address) | | 77 | 10 10 10 10 10 10 |
| | Palm City | /, FL 34990 | | | FEB I | |
| | | (City | /State and Zip Code) | | ~ | |
| For fu | rther informatio | n concerning this matter, please | call: | | PH 4: 07 | RY OF STAI |
| Jam | es R. Powe | ; | at / 772 \ 283-229 | 2 | 7 | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | (Nar | ne of Person) | at (772) 283-229. (Area Code & Daytime To | elephone Number) | _ | |
| Enclo | osed is a check | for the following amount: | | | | |
| √ \$12 | 5.00 Filing Fe | e \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filin Certificate of St Certified Copy (additional copy is | atus & | e e |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address 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 - Name:

| | BUT OF A U.A | | |
|--|---|---|---|
| (Must end with th | QUEBEC ,LLC e words "Limited Liability Comr | pany, "Limited Company" or their abbreviation "LLC," or "L.C.," | |
| (tares one size on | o norta Emma Emonity Comp | sany, Bannad Company of their decreases about | , |
| ARTICLE II | | | |
| The mailing a | address and street address | s of the principal office of the Limited Liability C | Company is: |
| Principal Of | fice Address: | Mailing Address: | • |
| 3352 Perimeter | Rd. | 3352 Perimeter Rd. | |
| Palm City, FL 34 | 1000 | | 💳 isan ing sa |
| | 4550 | Palm City, FL 34990 | _ |
| ADTICLET | | | |
| (The Limited Lial business entity v | II - Registered Agent, R bility Company cannot serve as it with an active Florida registration d the Florida street addre | Registered Office, & Registered Agent's Signature to own Registered Agent. You must designate an individual or and the control of the registered agent are: | FILE SECRETARY SECRETARY OF CO. |
| (The Limited Lial business entity v | II - Registered Agent, R bility Company cannot serve as it with an active Florida registration d the Florida street addre | Registered Office, & Registered Agent's Signature to own Registered Agent. You must designate an individual or and the second of the registered agent are: James R. Powell, MGR Name | SECRETARY OF JUVISION OF CORPO |
| (The Limited Lial business entity v | II - Registered Agent, R billity Company cannot serve as it vith an active Florida registration d the Florida street addre Powell-Link, L.L.C. 3352 Perimeter R | Registered Office, & Registered Agent's Signature to own Registered Agent. You must designate an individual or and the second of the registered agent are: James R. Powell, MGR Name Rd. | SECRETARY OF STUDIES OF STARY |
| (The Limited Lial business entity v | II - Registered Agent, R billity Company cannot serve as it vith an active Florida registration d the Florida street addre Powell-Link, L.L.C. 3352 Perimeter R | Registered Office, & Registered Agent's Signature to own Registered Agent. You must designate an individual or and the second of the registered agent are: James R. Powell, MGR Name Rd. | SECRETARY OF JUVISION OF CORPO |

Registered gent's Signature (REQUIRED)

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S..

(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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Member | |
| MGR | James R. Powell |
| | 3352 Perimeter Rd. |
| | Palm City, FL 34990 |
| | |
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| | THE B |
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| (Use attachment if necessary) | ÷: |
| LE V: Effective date, if other than the da | ate of filing: (OPTION |
| | pecific and cannot be more than five business da |
| | |
| REQUIRED SIGNATURE: |) 00 |
| $\left(\begin{array}{c} \\ \\ \end{array} \right)$ |) ll |
| | or an authorized representative of a member. |
| Signature of a member o | on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury |
| (In accordance with section of this document constitut | on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein 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)