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

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COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT: ZONKE		LC 1 Liability Company)			
	(**************************************	- Award Company,			
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.			
Please return all correspondent	ondence concerning this matte	r to the following:			
James R. P	owell	•			
	(1	Name of Person)			
Powell-Link	, L.L.C.				
 		Firm/Company)	生	`	,
3352 Perin	neter Rd.			07	¥SEC SEC
		(Address)		HEB	0.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00
Palm City,	FL 34990			12	ARY Co
	(City	State and Zip Code)		¬ x	- Ř9 - 20 - 20 - 20
For further information of	concerning this matter, please	call:		EB 12 PH 4: 09	RATION
James R. Powell		at (772) 283-229 (Årea Code & Daytime To	2		- ^
(Name	of Person)	(Area Code & Daytime To	elephone Number)	••	-
Enclosed is a check fo	r 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 Statu Certified Copy (additional copy is enc	s &	
	Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>s</u>		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZONKED - ROW (Must end with the word		pany, "Limited Company" or their abbreviation "LLC," or	"L.C.,")	••
ARTICLE II - Ac		s of the principal office of the Limited Liabil	lity Compan	y is:
Principal Office A	Address:	Mailing Address:		
3352 Perimeter Rd.	_	3352 Perimeter Rd.		•
Palm City, FL 34990		Palm City, FL 34990		
				172.2844
business entity with an	active Florida registration Florida street addre	ts own Registered Agent. You must designate an individual a.) ess of the registered agent are: ., James R. Powell, MGR	07 FEB	SECRE
		Name	~ :	워줌그
	3352 Perimeter R	Rd.	P	
	Flori	da street address (P.O. Box NOT acceptable)		Š.v
	Palm City,	FL 34990	4: 09	ÃÄ ATI
	(City, State, and Zip	ي د ند . ج	2 ′
liability compo	any at the place desig	ent and to accept service of process for the about Second in this certificate, I hereby accept the a Second in this certificate, I hereby accept the a	appointment (as

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

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	James R. Powell
····	3352 Perimeter Rd.
	Palm City, FL 34990
·	
	FEB.
(Use attachment if necessary)	#: 0
FT TO TOO ALL SAN TO BE A SECOND	e date of filing: (OPTION
days after the date of filing.)	be specific and cannot be more than five business da
uays aree the trace of ming.	

REQUIRED SIGNATURE:

Signature of a member 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

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)