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(Re	equ <b>es</b> tor's Name)	
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SECRETARY OF STATE OF CORPORATION OF CORPORATION

## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE	CCT: ZOUAV	E - DELTA ,LLC (Name of Limite	C d Liability Compa	any)	·	_	
The en	closed Articles of	Organization and fee(s) are s	ubmitted for filing	g.			
		ondence concerning this matte					
	James R. F	Powell					
			Name of Person)				<del></del>
	Powell-Link	, L.L.C.					
		(	Firm/Company)		7		<u> </u>
	3352 Perir	neter Rd.				07 F	VISIO FURS
			(Address)	<del></del>		8	2 × × × × × × × × × × × × × × × × × × ×
	Palm City,	FL 34990				2	2, K
	<u> </u>	(City	/State and Zip Code	e)		<u> </u>	-20 70 70 70 70 70 70 70 70 70 70 70 70 70
For fu	rther information	concerning this matter, please	call:			9 1 :8	RATION
Jame	es R. Powell		at ( 772	283-229	2		77,
	(Name	of Person)	(Area Cod	le & Daytime T	elephone Number)		
Enclo	sed is a check for	or the following amount:					
<b>√]</b> \$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	•	\$160.00 Fit Certificate of S Certified Copy (additional copy is	tatus :	&
		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 Suilding ecutive Center see, FL 32301	ons r Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ZOUAVE - DELTA ,LLC	107 (7 47 47 47 67 67 67 67 67 67 67 67 67 67 67 67 67		
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "1.1.C," or "1C,")		
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal office of the Limited Liability Compar	ay is:	
Principal Office Address:	Mailing Address:		
3352 Perimeter Rd.	3352 Perimeter Rd.		
Palm City, FL 34990	Palm City, FL 34990		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another		
The name and the Florida street address of the N	-	JSEC JSEC	
Powell-Link, L.L.C., James R.	Powell, MGR	물꽃	
Name	Powell, MGR	유 R	
3352 Perimeter Rd.		2020	
Florida street add	roce (P.O. Roy NOT acceptable)	POS S.S.	
<sup>-</sup> Palm City,	FL 34990 5	ÃĮ.	
City, State, a	nd Zip	Šū.	
registered agent and agree to act in this capacity statutes relating to the proper and complete per	his certificate, I hereby accept the appointment v. I further agree to comply with the provisions rformance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S.	as of all and	
· V			

(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: "MGR" = Mana "MGRM" = Ma	nger Inaging Member		Name and Address:	
MGR			James R. Powell 3352 Perimeter Rd. Palm City, FL 34990	
<u> </u>			Pann Oily, FL 34990	
	<del>~~</del> · ·			SIAII.
	<del></del>	÷.		ION OF CO
			2	. <u>Ş</u> q
(Use attachment	• •	the dat	с.	)RATION
CLE V: Effective	e date, if other than isted, the date mus late of filing.)	the dat		)RATION (AL)
CLE V: Effective effective date is little days after the c	e date, if other than isted, the date must late of filing.)	st be sp	te of filing:, (OPTION	)RATION (AL)
CLE V: Effective effective date is little days after the c	e date, if other than isted, the date must date of filing.)  IGNATURE:  Signature of a me (In accordance with	mber or	r an authorized representative of a member.  10 608.408(3), Florida Statutes, the execution es an affirmation under the penaltics of perjury	)RATION (AL)
CLE V: Effective effective date is little days after the c	Signature of a me (In accordance wit of this document c that the facts sta	nber of	r an authorized representative of a member.  10 608.408(3), Florida Statutes, the execution es an affirmation under the penaltics of perjury	)RATION (AL)

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