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(Re	questor's Name)	· <u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ZOYSIA - ECHO ,LLC (Name of Limited Liability Company)	-	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
James R. Powell		-
(Name of Person)		
Powell-Link, L.L.C.		
(Firm/Company)	7 m	
3352 Perimeter Rd.		_
(Address)		
Palm City, FL 34990	07 F	SECE SECE
(City/State and Zip Code)	8	5 7 3 13 13 14
For further information concerning this matter, please call:	2 AH	ARY OF THE COR
		SS S
James R. Powell at (772) 283-2292 (Name of Person) (Area Code & Daytime Telephone Number)	_5 <u>7</u>	Ã <u>X</u>
(Name of Person) (Area Code & Daytime Telephone Number)	7	<u>2</u>
Enclosed is a check for the following amount:		
▼ \$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee & \bigcup	itus &	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ZOYSIA - ECHO ,LLC (Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or	"L.C.,*")	
ARTICLE II - Address: The mailing address and street address or	of the principal office of the Limited Liabil	lity Compa	any is:
Principal Office Address:	Mailing Address:		
3352 Perimeter Rd.	3352 Perimeter Rd.		
Palm City, FL 34990	Palm City, FL 34990		
_3352 Perimeter Rd.	of the registered agent are: ames R. Powell, MGR Name street address (P.O. Box NOT acceptable) FI 34990	07 FEB 12 AM 9:58	SEURETARY OF STATE VISION OF CORPORATION
	y, State, and Zip		
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the about ated in this certificate, I hereby accept the accepancity. I further agree to comply with the applete performance of my duties, and I am factors are gistered agent as provided for in Chap	ippointmer e provisior imiliar wit	nt as ns of all th and

(CONTINUED) Page 1 of 2

Registered gent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James R. Powell
	3352 Perimeter Rd.
~ · · · · · · · · · · · · · · · · · · ·	Palm City, FL 34990
	
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(Use attachment if necessary)	
ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constituted the facts stated here.	r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)