L070000/7498

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	→ #)
PICK-UP	MAIT	MAIL
	-	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration : Division of C				
SUBJECT: ZOYS		LC		
	(Name of Limite	d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
James R.	<u> </u>			-
•	(Name of Person)		
Powell-Lir		·_ ·		_
		(Firm/Company)		
3352 Per	imeter Rd.			- .
		(Address)		
Palm Cit	y, FL 34990			- .
· · · · · · · · · · · · · · · · · · ·	(City	y/State and Zip Code)	,	
For further information	on concerning this matter, please	e call:	0;	
James R. Powe	eli	at (772) 283-229	relephone Number)	5 5 5 5 7 7
(Na	me of Person)	(Ārea Code & Daytime T	Telephone Number)	유주 유주
Enclosed is a check	for the following amount:	- · ·	- } □ \$160.00 Filing F	Y OF S
▼ \$125.00 Filing Fe	e \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	TATE CATION-
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	any is:	
ZOYSIA - PAPA ,LLC (Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation "LLC," or "	IC.,")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
3352 Perimeter Rd.	3352 Perimeter Rd.	
Palm City, FL 34990	Palm City, FL 34990	
Pailti City, PL 34990	Pain City, FL 34990	
		
	vistered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual of the registered agent are:	
Powell-Link, L.L.C., Ja	ames R. Powell, MGR	SE 07
	Name	FEB FEB
3352 Perimeter Rd.		무 약화-
	street address (P.O. Box NOT acceptable)	RY COL
Palm City,	FL 34990	OF STAII DRPORATI AM 10: 31
City	y, State, and Zip	OH RATE
liability company at the place designo registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the abouted in this certificate, I hereby accept the appearancy. I further agree to comply with the uplete performance of my duties, and I am fair as registered agent as provided for in Chap	ve stated limited ppointment as provisions of all miliar with and

(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" = Ma "MGRM" = 1	anager Managing Member	Name and Address:	
MGR		James R. Powell	
	 	3352 Perimeter Rd.	
		Palm City, FL 34990	
			
	·· -		<u> </u>
			
			- <u></u>
			
effective date i 0 days after th	tive date, if other than the datis listed, the date must be specified attention of filing.) SIGNATURE:	te of filing: (OPT pecific and cannot be more than five business	CIONAL) css days pric O7 FEB
	Signature of a member o	r an authorized representative of a member.	IS CC
	(In accordance with section	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	OF STAFE ORPORATION 36
•			
	James R. Powell, MGR	of Powell-Link, LLC I or printed name of signee	9.

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)