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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ZOYSIA - ZULU ,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
3352 Perimeter Rd.		
(Address)	7	- :
Palm City, FL 34990	0:	± 52
(City/State and Zip Code)	.FEB	_55€ 5€
For further information concerning this matter, please call:	3 12	다A C
- c, manus, voice, manus, premo emin	Ą	Y OFF
James R. Powell at (772) 283-2292 (Name of Person) (Area Code & Daytime Telephone Number)	AM 10: 5:	ST/ ORV
(Name of Person) (Area Code & Daytime Telephone Number)	52	ATIO:
Enclosed is a check for the following amount:		بب
▼ \$125.00 Filing Fee	tus &	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section 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:

ARTICLE II - A	ddress:		d Company" or their abbreviation "LI.C," or "L.C			
The mailing addre	ss and street address of t	the pr	incipal office of the Limited Liability	Compa	my is:	
Principal Office	Address:		Mailing Address:			
3352 Perimeter Rd.		3352 Perimeter Rd.				
Palm City, FL 34990		ಾಹಿಸಿ. ಪ್ರತಿಕ್ರಕ	Palm City, FL 34990			
				`		
	Powell-Link, L.L.C., Jan	nes R. Name	Powell, MGR	7 FEB 1:	SION OF	
	3352 Perimeter Rd.		•	<i>?</i> >	SS ₹ 5	
	Florida stre	eet add	ress (P.O. Box <u>NOT</u> acceptable)	AM 10: 52	- ₹ - 04 - ×	
-	Palm City,		FL 34990	<u>ن</u>	RATI	
	City, S	State, a	nd Zip	1∕2,	<u> </u>	
liability compo registered agent of statutes relating	any at the place designate and agree to act in this ca to the proper and compl	ed in t pacity ete pe	nccept service of process for the above shis certificate, I hereby accept the appoor. I further agree to comply with the proformance of my duties, and I am family stered agent as provided for in Chapter	intmen. ovision. iar with	t as s of all i and	

(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:

"MGR" = Mana	ger		
"MGRM" = Ma			
MGR		James R. Powell	
WOR	-		
		3352 Perimeter Rd.	
		Palm City, FL 34990	
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		7.5	· ·
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(Use attachment	if necessary)		
effective date is li	date, if other than the da	te of filing: (Ol	PTIONAL) ness days prio
CLE V: Effective	date, if other than the da		
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LE V: Effective ffective date is li days after the d	date, if other than the da sted, the date must be splate of filing.) GNATURE: Signature of a member o	pecific and cannot be more than five busing the property of a member.	ness days prio
CLE V: Effective ffective date is lid days after the d	date, if other than the da sted, the date must be slate of filing.) GNATURE: Signature of a member of the section of the sec	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	ness days prio
CLE V: Effective effective date is lied of the days after the d	date, if other than the dasted, the date must be splate of filing.) GNATURE: Signature of a member of this document constitution that the facts stated here James R. Powell, MGR.	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	ness days prio

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)