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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: ZYGOT		LC d Liability Compar	ay)			·
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.				
Please return all corresp	ondence concerning this matte	er to the following:				
James R. F	Powell	a**	_	T	·	* '
		Name of Person)				
Powell-Link	c, L.L.C.		9 	=	·	ji sa mes
	(Firm/Company)				_
3352 Perir	meter Rd.			<u> </u>	·	<u> </u>
		(Address)	, <u> </u>			
Palm City,	, FL 34990			, -		
	(City	/State and Zip Code))		07	VISE SE
For further information	concerning this matter, please	call:			07 FEB 12	CRETA
James R. Powell		at (772	283-229	2		RFO RY OH ILLEU
(Namo	of Person)	(Area Code	& Daytime T	elephone Number)	PH 12: 5	SS
Enclosed is a check for	or the following amount:				G J	ATTONI
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy i	7	\$160.00 Fili Certificate of S Certified Copy (additional copy is	tatus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exe	urier Addression Section of Corporation uilding cutive Center ee, FL 32301	ns Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the L	imited Liability C	ompany is:	
ZYGOTE - TAN		mpany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	ē
ARTICLE II - A The mailing addre		ss of the principal office of the Limited Liability Compa	ny is:
Principal Office	Address:	Mailing Address:	
3352 Perimeter Rd.		3352 Perimeter Rd.	
Palm City, FL 34990		Palm City, FL 34990	•
business entity with an	active Florida registrati Florida street add	ress of the registered agent are:	<u>.</u>
Powell-Link, L.L.C., James R. Powell, MGR		Name T 5	7m 5Ω
	3352 Perimeter		RETAR
	Florida street address (P.O. Box NOT acceptable)		
	Palm City,	FL 34990	S J
		City, State, and Zip	IAIL TAIL
liability comp	any at the place des	gent and to accept service of process for the above stated \overline{l} ignated in this certificate, I hereby accept the appointment this capacity. I further agree to comply with the provisions	as

Registered Agent's Signature (REQUIRED)

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

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 "MGRM" = Managing	o Member	Name and Address:		
MGR	,	James R. Powell		
		3352 Perimeter Rd.		
		Palm City, FL 34990		
				
		•		
	* F .4			
(Use attachment if nec	if other than the dat		TIONA	
(If an effective date is listed, t to or 90 days after the date of		pecific and cannot be more than five busin	ess day	s prior
<u>REQUIRED</u> SIGNA	TURE:		07 FEB 12 PM 12: 55	SECRETA DIVISION OF
Sign	ature of a member of	r an authorized representative of a member.	~	225
_	¥	-	7	ARCE
of th		n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	12:5	STAT
Jar	nes R. Powell, MGR	of Powell-Link, LLC	ហ្	10 kg
		or printed name of signee		10

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)