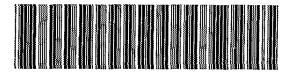
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(Requestor's Name)
(Address)
(Address)
( addition)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Dayweet March 2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

Division of Corporations		
SUBJECT: ZYGOTE-UNIFORM ,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	,	č.
(Name of Person)	·	
Powell-Link, L.L.C.	-	" .
(Firm/Company)		_
3352 Perimeter Rd.		A.L. 15
(Address)		_
Palm City, FL 34990		
(City/State and Zip Code)	07 F	) SEC
For further information concerning this matter, please call:	FEB 12	SE S
James R. Powell 91, 772 , 283-2292	2 P#	CORP CORP
(Name of Person) (Area Code & Daytime Telephone Number)	PM 12: 57	STAII
Enclosed is a check for the following amount:		
▼ \$125.00 Filing Fee  \$130.00 Filing Fee &  \$155.00 Filing Fee &  \$160.00 Filing Fee &  Certificate of Status	tatus &	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limit	ed Liability Com	pany is:	
ZYGOTE - UNIFO			
(Must end with the words "Li	mited Liability Compa	any, "Limited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Address and The mailing address and		of the principal office of the Limited Liabi	lity Company is:
Principal Office Add	ress:	Mailing Address:	
3352 Perimeter Rd.		3352 Perimeter Rd.	, ,
Palm City, FL 34990		Palm City, FL 34990	
			<u> </u>
	ida street addres	s of the registered agent are:  James R. Powell, MGR	SECRET VISION O
		Name	B SEL
33	52 Perimeter Ro	1.	2 G
<del></del>	Florida	a street address (P.O. Box NOT acceptable)	OF STATE ORPORATION PM 12: 57
Pa	Im City,	FL 34990	RAI 2: 5
	C	ity, State, and Zip	7 7
liability company o registered agent and o statutes relating to t	at the place design agree to act in thi he proper and co	nt and to accept service of process for the abouted in this certificate, I hereby accept the costs capacity. I further agree to comply with the mplete performance of my duties, and I am for as registered agent as provided for in Cha	appointment as we provisions of all amiliar with 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" = Manager	Name and Address:	
"MGRM" = Managing N	Member	
MGR	James R. Powell	
	3352 Perimeter Rd.	<u> </u>
	Palm City, FL 34990	
	- · · · · · · · · · · · · · · · · · · ·	<u>.                                      </u>
		<del></del>
	· · · · · · · · · · · · · · · · · · ·	***
	the state of the s	
(Use attachment if neces	ssary)	
CLE V: Effective date, if of	other than the date of filing: (O	PTIONAL) .
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CLE V: Effective date, if a effective date is listed, the	other than the date of filing: (O e date must be specific and cannot be more than five busiling.)	iness days pr
CLE V: Effective date, if of the effective date is listed, the days after the date of file.	other than the date of filing: (O e date must be specific and cannot be more than five busiling.)	SECRE OFFEB
CLE V: Effective date, if of the effective date is listed, the days after the date of file REQUIRED SIGNATU	other than the date of filing: (O e date must be specific and cannot be more than five busiling.)	iness days pr SECRETAR) VISION OF C 07 FEB 12
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CLE V: Effective date, if of effective date is listed, the days after the date of fill REQUIRED SIGNATU  Signature (In according to this of this control of th	other than the date of filing: (O e date must be specific and cannot be more than five busiling.)  URE:	SECRE OFFEB

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)