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NetLinked Solutions, LLC

Nancy Bowman

5334 Calle Florida

Sarasota, Florida 34242

941-349-2403

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-09/27/00--01086--009  
\*\*\*\*125.00 \*\*\*\*125.00

FILED  
00 OCT 10 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L00-12305  
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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 29, 2000

NANCY BOWMAN  
5334 CALLE FLORIDA  
SARASOTA, FL 34242

SUBJECT: NETLINKED SOLUTIONS, LLC  
Ref. Number: W00000023721

We have received your document for NETLINKED SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The document must contain both the street address of the principal office and the mailing address of the entity.

The name needs to be listed in article I.,

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 800A00051231

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NetLinked Solutions, L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5334 Calle Florida - Sarasota, Florida 34242

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Nancy Bowman  
Name  
5334 Calle Florida  
Florida street address (P.O. Box **NOT** acceptable)  
Sarasota, FL 34242  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..*

Nancy B

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Nancy Bowman  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nancy Bowman

Typed or printed name of signee

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00 OCT 10 AM 9:51  
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TALLAHASSEE, FLORIDA

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)