

LO3000034779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

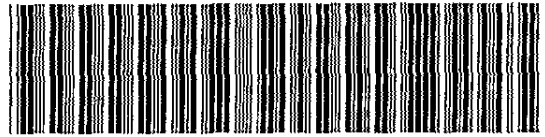
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000022372040

09/11/03--01060--013 \*\*125.00

03 SEP 11 AM 10:54

FILED

9/15  
[Signature]

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LINDBERG-GALSTER DEVELOPMENT, 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:

D. ROBERT HOYLE

(Name of Person)

D. ROBERT HOYLE, P.A.

(Firm/Company)

1001 3RD AVENUE WEST, STE. 260

(Address)

BRADENTON, FL 34205

(City/State and Zip Code)

For further information concerning this matter, please call:

D. ROBERT HOYLE

(Name of Person)

at ( 941 ) 748-8355

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
03 SEP 11 AM 10:54  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Lindberg-Galster Development, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

550 CHIPPING LANE  
LONGBOAT KEY, FL 34228

#### Mailing Address:

SAME AS PRINCIPAL ADDRESS

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

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

MURRAY LINDBERG

Name

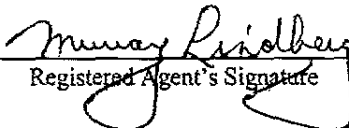
550 CHIPPING LANE

Florida street address (P.O. Box **NOT** acceptable)

LONGBOAT KEY FL 34228

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..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ROBERT GALSTER

601 MILL ROAD

WOODBINE, NJ 08270

MGRM

MURRAY LINDBERG

MURRAY LINDBERG

LONGBOAT KEY, FL 34228

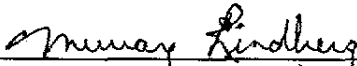
MGRM

MURRAY LINDBERG

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



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.)

MURRAY LINDBERG

Typed or printed name of signee

**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)