103000048930

•
(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



200024742192

11/19/03--01024--005 **70.00

12/02/03-01012-010 **55.00

SECHE TARY OF STATE

EC -2 PH 1:48

W8430

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 21, 2003

YVETTE VALDES 27230 SO. DIXIE HIGHWAY HOMESTEAD, FL 33032

SUBJECT: LINEAR INVESTMENT GROUP, LLC

Ref. Number: W03000035048

We have received your document for LINEAR INVESTMENT GROUP, LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$55.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 003A00063354

3 DEC -2 PH 1:48

. TRANȘMITTAL LETTER

Department of State
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

SUBJECT: LINEAR INVESTMENT Group, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	27230 S	Printed or typed)	25 Huy	
	Homester (305) 74	State & Zip 17-19() elephone number	33032	03 DEC -2 P

NOTE: Please provide the original and one copy of the articles.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LiNEX JWEST Meal Group 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:

(Name of Person)

(Firm/Company)

ATASO S. DILLE Aghway

(Address)

Howard Liability Company)

(City/State and Zip Code)

For further information concerning this matter, please call:

0 - 10100

(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 SECHCIARY_CE_SIATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Linear Investment	Group LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Homestraco PC 33032	
	ALCA DEC
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere	ad agent are:
Wette 6.	Valdes PH = HB
Florida street address (P.O. Box No.	E Hury.
City, State, and Zip	ORIDA 33030)

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 by in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (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:			
Mgr	Virgilio V. Valdes 293955W193CE HOMESTEAD PC 330	<u></u>		
mgr_	Rene Deyna 30001 SW 202 AVE HOMESTEAD PC 33	030		
		SECRE	03 DEC	e .
(Use attachment if necessary)		MRY OF S	-2 PH	
NOTE: An additional article must be	added if an effective date is requested.		871	
REQUIRED SIGNATURE:	The James			
	uthorized representative of a member.			
of this document constitutes an a that the facts stated herein are to	e 6. Valdes			
Typed or pri	inted 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)