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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Lynn Group Limited Liability Company) (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:
Ernest f. Lyww (Name of Person)
The Lynn Group, LCC (Firm/Company)
5055 Caspian CoveT
Delando FJ 35819 (City/State and Zip Code)

For further information concerning this matter, please call:

Emest Lynn at 407 2927097
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Lynn Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

5 Caspian CI

Mailing Address:

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

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

Ernest F. Lynn

5855 Caspian CT Florida street address (P.O. Box NOT acceptable)

OLC FLORIDA 32819
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, Florida Statutes..

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:					
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	ng Member(s): or Managing Member is as follows: Name and Address: Marcia Lyna Solution Marcia Lyna Marci				
MER	Marcia Lynn Configured South FL 32 819				
	-				
(Use attachment if necessary)					
NOTE: An additional article must be added if an effective date is requested.					
REQUIRED SIGNATURE:	Ithorized representative of a member.				
(In accordance with section 608. of this document constitutes an at that the facts stated herein are tru	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury te.)				

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)