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(Cit	:y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		





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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LINDA S. ADKINS	L.L.C.
ARTICLE II - Address:	A Company of the Comp
The mailing address and street address of the p	orincipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
7802 N. 12th ST	7802 N. 12 +H ST
TAMPA-FLA 33604	TAMPA-FLA 33604
ARTICLE III - Registered Agent, Registere	d Office & Registered Agent's Signature:
The name and the Florida street address of the	
1,400 5 1	N L I I C
LINDA S. A.	DKINS
10110	DKINS = 1
1 10/11/	
7802 NTh 12	
7802 NTh 12	th ST
7802 Nrh 127 Florida street address (P.	O. Box NOT acceptable)
7802 Nrh 127 Florida street address (P.	O. Box NOT acceptable)
7802 N Th 123 Florida street address (P. TAMPA City, State,	O. Box NOT acceptable) FLORIDA 33604 and Zip
TAMPA City, State, and been named as registered agent and to accept se	O. Box NOT acceptable) FLORIDA 33604 and Zip Prvice of process for the above stated limited liabil
TAMPA City, State, and to accept see any at the place designated in this certificate, I her	The ST acceptable) FLORIDA 33604 and Zip Prvice of process for the above stated limited liability accept the appointment as registered agent and stated agent and stated agent and stated agent and stated agent agen
TAMPA City, State, and to accept see the place designated in this certificate, I her to act in this capacity. I further agree to comply with the place designated agree to comply with the place agree agree to comply with the place agree agree to comply with the place agree	The ST acceptable) FLORIDA 33604 and Zip Prvice of process for the above stated limited liabile to the appointment as registered agent and the provisions of all statutes relating to the provisions of all statutes relating to the provisions.
Florida strect address (P. TAMPA City, State, and to accept see the place designated in this certificate, I here to act in this capacity. I further agree to comply with the performance of my duties, and I am familia	O. Box NOT acceptable) FLORIDA 33604 and Zip Privice of process for the above stated limited liabil reby accept the appointment as registered agent and the provisions of all statutes relating to the product with and accept the obligations of my position.
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Page 1 of 2 (CONTINUED)

agree

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	LINDA S. ADKINS
	LINDA S. ADKINS TROD NAM 12th ST TAMPA-FLA 33604
	TAMPA-FLA 33604
(Use attachment if necessary)	
(Ose attachment if Recessary)	

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 penaltics of perjury that the facts stated herein are true.)

that the facts stated herein are true.)

Typed or printed name of signed

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)