

L05000014542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

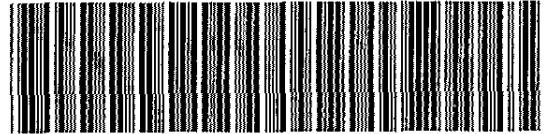
Certified Copies _____

Certificates of Status _____

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02/14/05--01001--021 **157.50

02/14/05--01001--022 **76.25

FILED RECEIVED
05 FEB 11 AM 7:50 05 FEB 11 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
& BUSINESS SERVICES

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

T. Lindgren Property Professional LLC

Signature

Requested by:

SP 2/11/05 3:47
Name Date Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

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SECRETARY OF STATE

Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: T. LINDGREN PROPERTY
PROFESSIONAL L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of
the Limited Liability Company is: 5603 SW 10TH Avenue, Cape Coral,
FL 33914

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT'S SIGNATURE:**

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

TODD D. LINDGREN

Name

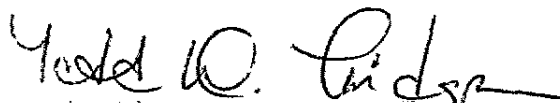
5603 SW 10TH AVENUE

FL street address (PO Box NOT acceptable)

CAPE CORAL, FL 33914

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.

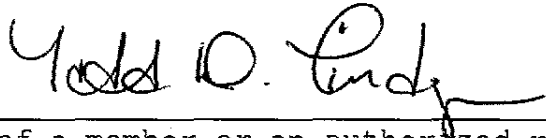


Registered Agent's Signature

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ARTICLE IV - MANAGEMENT (Check if applicable.)

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



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 here are true.)

TODD D. LINDGREN

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)