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7. Sunera UCL 17 JULE

. • COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: LLN, 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:
Samantha Womelsdorf
(Name of Person)
(Firm/Company)
5626 Mirada Drive
(Address)
Holiday, Florida 34690
(City/State and Zip Code)
For further information concerning this matter, please call:
Kimberly A. Shurtleff at (727) 815-3693 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & Certificate of Status \$\sum \$\sum \$\cent{Certified Copy}\$ (additional copy is enclosed) \$\sum \$\sum \$\cent{Certified Copy}\$ (additional copy is enclosed) \$\sum \$

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Taliahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compan	ry is:	
LLN, LLC (Must end with the words "Limited Liability Company,"	'Limited Company" or their abbreviation "LLC," or "L.C	, ")
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
5626 Mirada Drive	5626 Mirada Drive	
Holiday, FL 34690	Holiday, FL 34690	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Samantha Womelsdo	Registered Agent. You must designate an individual or a the registered agent are:	another
	Name	ART CIT.
5626 Mirada Drive		-7 3SE
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)	TA 1
Holiday, FL 34690 City, S	FL tate, and Zip	05 OCT -7 AM 10: 20 S. ARTTARY OF STATE AL AHASSEE, FLORI
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above sold in this certificate, I hereby accept the apportunity. I further agree to comply with the protecte performance of my duties, and I am familiar registered agent as provided for in Chapter dignature (REQUIRED)	intment as ovisions of all iar with and

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Samantha Womelsdorf
	5626 Mirada Drive
	Holiday, FL 34690
MGRM	Anthony Gemmellaro
	802 Riverside Drive
	Tarpon Springs, FL 34689
Use attachment if necessary)	

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.)

Samantha Womelsdorf

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)