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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Rebecca Lindsey, 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:
R Lindsly (Name of Person)
Kebecca Lindsey, LLC
(Firm/Company)
200270 P. D. Box 4298 (Address)
Tallahassec, FL 32314-6598 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
O I I
(Name of Person) at (
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:
Rebecca Lindsey, 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 the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
200270 P.O. Box 6298 200270 P.O. Box 6298 Tallahassee, Fr. 32314 Tallahassee, Fr. 32314
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
子 Lindsey = 3
Name AT
723 Truman Hvenue ~ ≈
Florida street address (P.O. Box MOT acceptance)  Tallahassee Fl 32314-10298
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member $MGRM$	Py Lindsey 200270 P.O.Box 6598 Tallahassee, Fi 32314-6298
	The district state of the state
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than th	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	^
	Lindsey
(In accordance with s	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated	herein are true.)  yped 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)