## <u> 10700020627</u>

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
		•
Special Instructions to		
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SECRETARY OF STATE BIVISION OF CORPORATIONS

## **COVER LETTER**

SUBJECT: LINC WI	ANAGEMENT, LLC (Name of Limite	d Liability Company)	<del> </del>
The enclosed Articles o	. f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
LUCY CAS	STILLO	•	
	(	Name of Person)	
			a DIVIS
•		(Firm/Company)	FE
9761 MAJ	ESTIC WAY		of 22
<del></del>		(Address)	Pl Pl
BOYNTO	N BEACH, FL 334	37	OT FEB 22 PM 1: 44
		/State and Zip Code)	<u> </u>
For further information	concerning this matter, please	call:	
SHELDON JONT	TIFF	at (561 ) 536-053	5
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lim	ited Liability Company	<i>i</i> s:
LNC MANAGEMENT (Must end with the words "	Limited Liability Company "I	simited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Add The mailing address	ress: and street address of th	e principal office of the Limited Liability Company is 2
Principal Office Ad	dress:	Mailing Address:
9761 MAJESTIC WAY		王
BOYNTON BEACH, FL 3	3437	
	pany cannot serve as its own R	ered Office, & Registered Agent's Signature: legistered Agent. You must designate an individual or another
The name and the Flo	orida street address of t	he registered agent are:
<u>L</u>	UCY CASTILLO	
	Na	ame
9	761 MAJESTIC WAY	
_	Florida stree	t address (P.O. Box NOT acceptable)
В	OYNTON BEACH,	FL 33437
	City, Sta	ate, and Zip
liability company registered agent and statutes relating to	at the place designated agree to act in this capa the proper and complete ations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
	Registered Agent's Si	gnature (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:

MGRM	LUCY CASTILLO
	9761 MAJESTIC WAY
	BOYNTON BEACH, FL 33437
	07 FEB CC
	7
1	
	·
	. <del></del>
(Use attachment if necessary)	
•	
	on the date of filing: (ODTIONA)
LE V: Effective date, if other th	
fective date is listed, the date n	nust be specific and cannot be more than five business days
fective date is listed, the date n	
fective date is listed, the date n	
fective date is listed, the date n days after the date of filing.)	

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)

Typed or printed name of signee