(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)	. *** *
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(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)	
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Certified Copies Certificates of Status	(Business Entity Name)	
	(Document Number)	
Special Instructions to Filing Officer:	Certified Copies Certificates of Status	_
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COVER LETTER

TO: Registration Sec Division of Cor				
SUBJECT: LINKCJ	- 324, LLC			
	(Name of Limited	l Liability Compa	ny)	
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing	ţ,	
Please return all correspo	ondence concerning this matter	r to the following	:	
Charles W.	Link, Jr.			
	C	Name of Person)		
	•			
	(1	Firm/Company)		
3821 SW F	Ruark St.		_	
		(Address)		
Port St. Lu	cie, FL 34953-535	55		
<u></u>	(City)	State and Zip Code	:)	
For further information of	concerning this matter, please	cail:		
Charles W. Link,	Jr.	at (772	873-468	5
(Name	of Person)	(Area Cod	e & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Cop (additional copy	у	\$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	Registrati Division Clifton E 2661 Exc	ourier Addression Section of Corporation Suilding secutive Center see. FL 32301	ns Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LINKCJ - 324, 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	he principal office of the Limited Liabi	lity Comn	anv is:
The maning address and street address of the	ne principal office of the Enimed Etaor.	ing comp	u.i.y .o.
Principal Office Address:	Mailing Address:		
3821 SW Ruark St	PO Box 483		
Port St. Lucie, FL	Palm City, FL	**	
34953	34991		
The name and the Florida street address of Charles W. Link, Jr.	the registered agent are:	07 APR 17	SECRI
	· · · · · · · · · · · · · · · · · · ·	20	유 유 자
3821 SW Ruark St.			836
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)	PH	유유 - 유유 - 유유
	0.4050	ယ	AA
Port St. Lucie	FL 34953	**	
	FL 34953 State, and Zip	3: 46	SHOLL

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Charles W. Link, Jr.	
	3821 SW Ruark St.	
	Port St. Lucie, FL 34953-5355	
(Use attachment if necessary)		
	e date of filing: (OPTIO)	NΔ
effective date is listed, the date must l 90 days after the date of filing.)	be specific and cannot be more than five business d	lay

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.)

Charles W. Link, Jr., Custodian for Charles J. Link under FUTMA

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)