107000116277

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
789 524 671
Office Use Only



400111347374

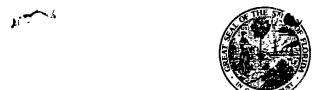
11/05/07--01016--019 **130.00

OT NOV 16 PM 2: 18
SECRETARY OF STATE
RECALASSEE, FLORIDA

W754761

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lindas Birds 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:	
Linda Rischow (Name of Person)	
· · · · · · · · · · · · · · · · · · ·	
(Firm/Company)	Ţ.
Lindas Birds LLC (Firm/Company) 11731 NW 27th Court (Address) Plantation Fl 33323	
Plantation FL 33323 Fig. (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Linda Rischow at (954) 288-6976	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{\$Certified Copy (additional copy is enclosed)}} \ \ \text{\$\text{\$\$Certified Copy (additional copy is enclosed)}} \ \ \text{\$\text{\$\$Certified Copy (additional copy is enclosed)}} \ \ \ \text{\$\text{\$\$Certified Copy (additional copy is enclosed)}} \ \ \ \text{\$\text{\$\$Certified Copy (additional copy is enclosed)}} \ \ \ \ \ \ \text{\$\text{\$\$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 Cifton Building Tallahassee, FL 32314	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2007

LINDA RISCHOW 11731 NW 27TH COURT PLANTATION, FL 33323

SUBJECT: LINDAS BIRDS LLC Ref. Number: W07000054761

We have received your document for LINDAS BIRDS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the 2nd part of the application, which is enclosed.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 807A00064572



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N The name of the	isme: Limited Liability Company is:
	Lindas Birds LLC Must cood with the words "Limited Limitity Company, "LLC," or "LLC," or "LLC,"
ARTICLE II - A	Address: Address: Mailing Address: Mailing Address:
Principal Office	Address: Mailing Address:
11731 NU Plantati	w 27th Ct.
(The Limbed Liability	Registered Agent, Registered Office, & Registered Agent's Signature: Company manut serve as its own Registered Agent. You must designate un individual or mother to active Florida registration.)
The name and the	Florida street address of the registered agent are:
	13375 Lakerde Terroce
1	Plorida street address (P.O. Box NOT acceptable) City, State, and Zip
liability comp registered agent	med as registered agent and to accept service of process for the above stated limited cany at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of all g to the proper and complete performance of my duties, and I am familiar with and
	digations of any position as registered agent as provided for in Chapter 608, F.S.
	Registered Agend'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:

"MGR" = Manager "MGRM" = Managing Member	
mer	Linda Rischow 11731 NW 27 CH PLANTATION F(33323
 .	
·	MOU 16 PH C
	- Front of the state of the sta
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL) De specific and cannot be more than five business days prior

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.)

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)