

L0800003/212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

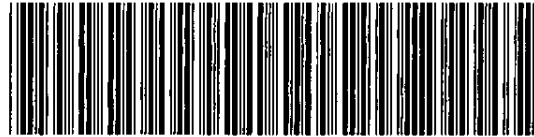
Special Instructions to Filing Officer:

A. LUNT

MAR 27 2008

EXAMINER

Office Use Only



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03/25/08--01043--011 **160.00

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2008 MAR 25 P 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Attorney and Counselors at Law

*Robert Kit Korey, P.A.
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*Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone: (386) 677-3431
Telefax: (386) 673-0748*

March 24, 2008

Registration Section.
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

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TALLAHASSEE, FLORIDA

RE: New LLC Articles of Organization

Madam:


Enclosed please find the Articles of Organization for filing for the following corporation

93 LINCOLN LLC

I have enclosed a check in the amount of \$160.00 payable to the Department of State to cover filing fees, a certificate of status and certified copy and a return self addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,


Carleen R. Jones
Legal Assistant to Robert Kit Korey

:crj
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 93 Lincoln 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:

Carleen R. Jones

(Name of Person)

Robert Kit Korey, P.A.

(Firm/Company)

595 W. Granada Blvd., Ste A

(Address)

Ormond Beach, FL 32174

(City/State and Zip Code)

For further information concerning this matter, please call:

Carleen R Jones

(Name of Person)

at (**386**) **677-3431 x 227**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

93 Lincoln LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

224 Chippewa Circle
Ormond Beach, FL 32174

Mailing Address:

224 Chippewa Circle
Ormond Beach, FL 32174

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:

William Navarra

Name

224 Chippewa Circle

Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach, FL 32174

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

William Navarra

224 Chippewa Circle

Ormond Beach, FL 32174

MGRM

Joshua Antos

112 Heritage Circle

Ormond Beach, FL 32174

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SECRETARY OF STATE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

William Navarra

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)