Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000080066 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: AKERMAN SENTERFITT (ORLANDO)

Account Number : 076656002425

Phone : (407) 423-4000

: (407)843-6610

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LINDA GAMMA, LLC

Certificate of Status	0
Certified Copy	ı
Page Count	02
Estimated Charge	\$155,00

Electronic Filing Menu

" - -- alectints/efileovr.exe

Corporate Filing Menu

Help

3/28

(((H080000800663)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Linda Gamma, LLC

ARTICLE II - Address

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

300 South Interlachen Avenue, Unit 401, Winter Park, Florida 32789

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articlorganization are filed and its duration shall be perpetual.

ARTICLE IV - Member-Managed

The Limited Liability Company shall be a member-managed company.

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

Andrew J. Hannigan 300 South Interlachen Avenue, Unit 401, Winter Park, Florida 32789

By Xu

Name: Linda A. Hannigan

Title: Sole 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.)

(((H08000080066 3)))

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for Linda Gamma, LLC 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, Florida Statutes.

Ngone: Andrew J. Mannigo

Title: Registered Agent

3/28/08 (Date)

SECRETARY OF STATE