W8000089792

,		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700136116487

09/19/08--01018--022 **130.00

SECRETARY OF STATE

T. CLINE

SEP 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations		
_{SUBJECT:} Benja	amin J. Linck, Limite	ed Liability Company	
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
Benjamir	J. Linck		
		(Name of Person)	
		(Firm/Company)	
4040 Co	llingswood Road		
		(Address)	
Pensaco	la, FL 32514		(4) (25 00 (4)
	(Cir	y/State and Zip Code)	LA SE
For further information	on concerning this matter, please	e call:	EP 19
Benjamin Lin	ck	at (850) 346-3637	一彩 声
(Na	ne of Person)	(Area Code & Daytime Telephone Number)	P 21
Enclosed is a check	for the following amount:		¹1 २≠
\$125.00 Filing Fee	\$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) \$160.00 File Certificate Certified C (additional co	of Status &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Benjamin J. Linck, L.L.C	
(Must end with the words "Limited Lie	ability 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:	Mailing Address:
4040 Collingswood Road	4040 Collingswood Road
Pensacola, FL 32514	Pensacola, FL 32504
	red Office, & Registered Agent's Signature: registered Agent. You must designate an individual or another the registered agent are:
<u> Denjamin 3. Linok</u> Na	me Fo 5
4040 Collingswood	1 Roau
Florida street	address (P.O. Box NOT acceptable)
Pensacola, FL 325	514 _{FL}
City, Stat	te, and Zip
liability company at the place designated i	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as 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 (FEQUIRED)

(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:

—

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 17, 2008 (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 of 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.)

Benjamin J. Linck

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)