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M. THOMAS

JAN - 5 2010

EXAMINE F

COVER LETTER

	n of Corporations	
SUBJECT:	Sar	ndra S. Lynch, EA, LLC
		Limited Liability Company
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this	s matter to the following:
		Sandra S. Lynch
		Name of Person
	Sar	ndra S. Lynch, EA, LLC
		Firm/Company
		913 Rosemont Drive
		Address
	Pa	anama City, FL 32405
		City/State and Zip Code
		draslynch@comcast.net
For further infor	rmation concerning this matter, p	mo n
	Sandra S. Lynch	: 26 at (850) 914-0273
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a c	heck for the following amour	nt:
∑\$ 125.00 Filin _i	g Fee \$\int_\$130.00 Filing Fee Certificate of Statu	
	Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sandra S. Lynch, EA, 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	ty Company is:		
Principal Office Address: Mailing Address:	Mailing Address:		
913 Rosemont Drive Panama City, FL 32405 Panama City, FL 32405 Panama City, FL 32405			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual obusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	nature: or another		
Sandra S. Lynch Name			
913 Rosemont Drive			
Florida street address (P.O. Box NOT acceptable)	?		
Panama City, FL 32405 FL			
City, State, and Zip			
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apprecistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapt	pointment as provisions of all niliar with and		
Registered Agent'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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		•
MGR	Sandra S. Lynch	_
	913 Rosemont Drive	<u> </u>
	Panama City, FL 32405	_
4-40-40-1		<u></u>
		_
		~
		<u> </u>
<u></u>		
	72.0	- - 20
(Use attachment if necessary)		
CLE V: Effective date, if other than the date	ate of filing: 01/01/2010 . (OPT)	(OÑAL)
	specific and cannot be more than five busines	;
0 days after the date of filing.)	T OF	AH II: 20
REQUIRED SIGNATURE:		
SIGNATURE:	dial Lynd	26
Signature of a member	or an authorized representative of a member.	
	on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury n are true.)	
	Sandra S. Lynch	
	ed or printed name of signee	
Filing Fees:	F	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)