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S. HAWKES

JAN 5 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Linda Ouellette, 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 Oueilett.  Name of Person
Linda Quellette LLC, Firm/Company
74 Oakland Hills Place. Address
Potoncia West, FL 33947  City/State and Zip Code  10 Flooring Comcast not  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (501) 1032-10154  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	:	
Linda Ouellette LLC (Must end with the words "Limited Liabi		言葉十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	Dir.
Thomas Duellette LLC  74 Dakland Hills PL  Rotonda West, FL 33947	Linda Ovelletk 74 Oakland Hills Rotonda West, Fl	<u>9 PL.</u> <u>339</u> 47
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	d Office, & Registered Agent's stered Agent. You must designate an indivi-	Signature: dual or another
The name and the Florida street address of the	registered agent are:	
Linda Duelle Name	etk.	
74 Oakland Florida street address (P.O.	HIS PI. Box <u>NOT</u> acceptable)	
<u>Rotonda West</u> City, State, a	+ FL 33947 and Zip	
Having been named as registered agent and to liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi	this certificate, I hereby accept th ty. I further agree to comply with erformance of my duties, and I an	ne appointment as the provisions of all in familiar with and
Registered Agent's Signal	ture (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:

a Duellette akland Hills Pl. 29 a nda West, FL 339472 9
CF FE TAIL
12/31/09 . (OPTION cannot be more than five business d
ed representative of a member.
Florida Statutes, the execution ion under the penalties of perjury
3),

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