(Red	questor's Name)	
(Add	dress)	
	•	
(Add	dress)	
·		
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(m.:	S. C. S.	
(Bus	siness Entity Nan	ne)
(D		
(100	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	-iling Officer:	
<u> </u>		

Office Use Only



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S. HAWKES AUG 6 - 2010 **EXAMINER** 

## **COVER LETTER**

то:	Registration Division of C			
SUBJE	cr: L	indner Desig	nBuild LLC	
		Name of Limi	ted Liability Company	
The end	losed Articles	of Organization and fee(s) are	submitted for filing	
		-	•	
Please i	eturn all corres	pondence concerning this ma	tter to the following:	
_		Michae	Nume of Person	er
			Name of Person	
-	·		Firm/Company	
	12	COI Hawth	sorne St	
-		1 (0 (0 ) //	Address	
	T	allahassee	Address  FL 32308  ty/State and Zip Code  Eyahoo, Com for future annual report notification)	
-		Ci	ty/State and Zip Code	
_		Scottlindner130	eyahoo, com	
_		E-mail address: (to be used	for future annual report notification)	
For furt	her information	concerning this matter, pleas	e call:	
/\/	<u>Name</u>	Lindner	at ( <u>850</u> ) <u>519</u> -	3701
Enclose	ed is a check fo	or the following amount:		
<b>⊒</b> \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate 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 C Tallahassee, Fl. 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	ne: mited Liability Compa	ny is:
Line	dner Design	hBuild LLC To a Line of the Liability Company, "L.L.C.," or "LLC.")
(Mu	st end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
1201 Hav	wthorne St FL 32308	1201 Hawthorne St Tallahossee FL 32308
(The Limited Liability Co	egistered Agent, Regis impany cannot serve as its own ctive Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the F	lorida street address o	f the registered agent are:
	Michael	S. Lindner Name
	7 1101000	
	7 (10100)	Name
	1201 Hawt	horne St.
	1201 Hawt	teet address (P.O. Box NOT acceptable)
	1201 Hawt	teet address (P.O. Box NOT acceptable)
	1201 Hawt Florida str Tallahus	horne St.

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) Page 1 of 2

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MCRM		Michael S. Lindner  1201 Hawthorne St.  Tallahassee FL 32308
(Use attachmen	• •	date of filing: (OPTIONAL
LE V: Effective		e specific and cannot be more than five business days
LE V: Effective ffective date is leading after the control of the		e specific and cannot be more than five business days
ffective date is l	date of filing.) SIGNATURE:	r or an authorized representative of a member.

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)