## 411000102951

(Re	equestor's Name)
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(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT
	SEP - 8 2011

Office Use Only

**EXAMINER** 



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2011 SEP -7 PH J; 57

## **COVER LETTER**

TO;

**Registration Section** 

Division of Corporations		
SUBJECT: Lynda B. Pearce LLC		
	Liability Company	<del></del>
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Lundo Dooroo		
Lynda Pearce	lame of Person	
F	irm/Company	
5018 Harbour Drive		
	Address	F. 2
Oxford, Florida 34484		
City/5 lpearce5018@gmail.com	State and Zip Code	ASS.
	future annual report notification)	
For further information concerning this matter, please c	20 H SEP -7 PM J; 5 SECRETARY OF STATE WALLAHASSEE, FLORE	
Lynda Pearce	at (906 ) 250-9923	S.
Name of Person	Area Code & Daytime Telephone	Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
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

Lynda B. Pearce	LLC	
(Must end with	the words "Limited Liability Company, "L.I	C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and st	reet address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Ad	dress:
Lynda B Pearce	Lynda B Pe	
5018 Harbour Drive	5018 Harbo	ur Drive
Oxford, Florida 34484	Oxford, Flor	rida 34484
	treet address of the registered agen	ALLAHASSEE, F
	Name	PT
5018	Harbour Drive	
<del>*************************************</del>	Florida street address (P.O. Box N	NOT acceptable)
Oxford	FL 34484	DA 9
	City, State, and Zip	<del></del>

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Lynda B. Pearce 5018 Harbour Drive Oxford, Forida 34484 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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 or 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Lynda B. Pearce 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)