

L11000136302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER



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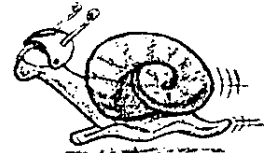
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12/02/11--01039--001 **160.00

EFFECTIVE DATE

1/2/2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -2 AM 8 52

EFFECTIVE DATE 1/2/2012



Linga Longa

Registration Section
Division Of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314
November 29, 2011

FILED
SECRETARY OF CORPORATIONS
11 DEC -2 AM 8 59

To Whom It May Concern,

My name is Lisa Alyson Pecora.

Address: 2220 SW 14th Pl. Boca Raton, FL. 33486.

Email address: 1lingalonga@gmail.com

Daytime phone number: 954-559-3581

Sincerely Yours,

Lisa Pecora

Linga Longa

Lisa Pecora
Linga Longa
2220 SW 14th Pl.
Boca Raton, Fl, 33486
T 954 5593581
1lingalonga@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE 1/2/2012

SUBJECT: Linga Longa 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:

Lisa Pecora

Name of Person

Linga Longa

Firm/Company

2220 SW 14th PL.

Address

Boca Raton, Fl. 33486

City/State and Zip Code

aapec@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Pecora

Name of Person

at (954) 5593581

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -2 AM 8:53

EFFECTIVE DATE 1/2/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Linga Longa 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 Company is:

Principal Office Address:

2220 SW 14th PL.

Boca Raton, Fl. 33486

Mailing Address:

2220 SW 14th PL.

Boca Raton, Fl. 33486

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lisa Pecora

Name

2220 SW 14th PL.

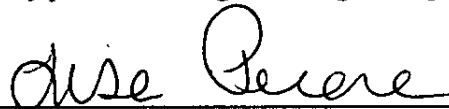
Florida street address (P.O. Box NOT acceptable)

Boca Raton, Fl. 33486

FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply 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 (REQUIRED)

(CONTINUED)

FILED STATE
SECRETARY OF CORPORATIONS
11 DEC -2 AM 8:08

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Lisa Pecora
2220 SW 14th PL.
Boca Raton, FL. 33486

MGRM

Lisa Pecora
2220 SW 14th PL.
Boca Raton, FL. 33486

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/5/11 1/2/2012 (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.)

Lisa Pecora

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)**