

L12060086409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

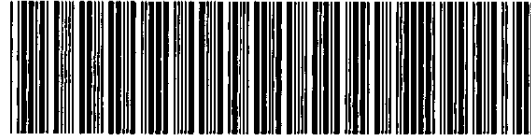
Special Instructions to Filing Officer:

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B. KOHR

JUL - 3 2012

EXAMINER



500236906425

06/28/12--01012--004 **130.00

EFFECTIVE DATE 6/21/2012

EFFECTIVE DATE _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 28 PM 4:01

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE 6/21/2012

SUBJECT: LINAKA SALES 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:

KENNETH BIRD

Name of Person

LINAKA SALES LLC

Firm/Company

1917 MULLIGAN ROAD

Address

SEBRING FL 33872

City/State and Zip Code

KENB@NETLINKENTERPRISES.COM

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

For further information concerning this matter, please call:

KENNETH BIRD

Name of Person

at (863) 6581389

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 CORPORATIONS
DIVISION OF CORPORATIONS
JUN 28 PM 4:01

EFFECTIVE DATE 6/21/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LINAKA SALES 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:

1917 MULLIGAN RD
SEBRING FL 33872

Mailing Address:

1917 MULLIGAN RD
SEBRING FL 33872

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:

KENNETH BIRD

Name

1917 MULLIGAN ROAD

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

SEBRING FL 33872

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 28 PM 4:01

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

KENNETH A BIRD

1917 MULLIGAN ROAD

SEBRING FL 33872

MGRM

LINDA J FISHER

1917 MULLIGAN ROAD

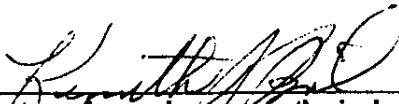
SEBRING FL 33872

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 20 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.)

KENNETH A BIRD

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)