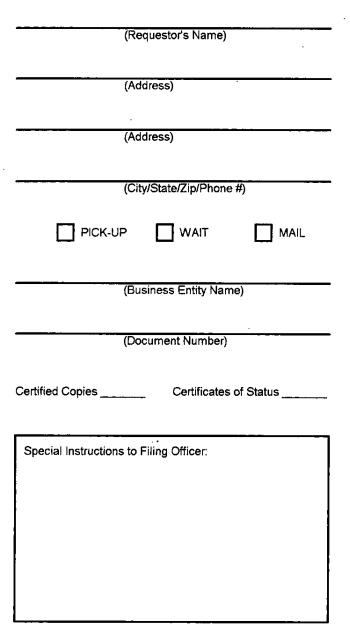
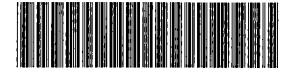
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B. BOSTICK

OCT 11 2012

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: FIRST LINCOIN 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:		
Anthony Lauria Name of Person		
First Lincoln LLC		
P.O. BOX 669598  Address		
Pompano Beach, FLorida 33066-9598 City/State and Zip Code Onthony 1954@aol. Com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anthony Lauria at (754) 244-8773  Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status  \$155.00 Filing Fee & Certificate of Status & 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		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
FIRST LINCOIN 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: Mailing	Address:	
First Lincoln LLC  NOE. Broward Blvd. Ste 1700  Fort Lauderdak, Fl. 33301  Fort Lauderdak, Fl. 33301  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 a	agent are:	
Anthony Lauria	00 7 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
Fort Lauderdale, FL 3	<u>va. stel</u> 100 🕆 💂	
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 Signature (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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) 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)