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**EXAMINER**



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TALLAHASSEE, FLORIDA

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November 19, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: *Lynch Holdings II, LLC*

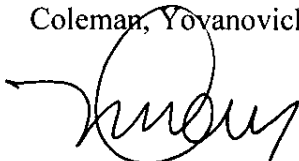
Dear Sir or Madam:

Enclosed is our cover letter filing the Articles of Organization for Lynch Holdings II, LLC. We are also requesting a Certificate of Status for the LLC. Our firm check in the amount of \$130 payable to the Florida Department of State is enclosed for filing fees. Please return the filed Articles and Certificate of Status to me in the enclosed self-addressed stamped envelope.

Feel free to call me if you have any questions.

Sincerely,

Coleman, Yovanovich & Koester, P.A.



Michael D. Gentzle

MDG/lf  
Enclosures

12/26/12 PM 3:37  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF CORP.  
RECEIVED

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Lynch Holdings II, 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:

**Michael D. Gentzle, Esq.**

Name of Person

**Coleman, Yovanovich & Koester, P.A.**

Firm/Company

**4001 Tamiami Trail North, Suite 300**

Address

**Naples, FL 34103**

City/State and Zip Code

**curtisclub10@msn.com**

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

For further information concerning this matter, please call:

**Michael D. Gentzle**

Name of Person

at ( **239** ) **435-3535**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Lynch Holdings II, 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:

8320 W. 109th Street  
Bloomington, MN 55438

#### Mailing Address:

8320 W. 109th Street  
Bloomington, MN 55438

### 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:

Richard F. Lynch

Name

26180 Mira Way

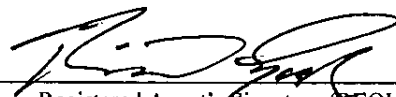
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FL 34134

City, State, and Zip

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

*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)

**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 \_\_\_\_\_

Janette M. Curtis  
8320 W. 109th Street  
Bloomington, MN 55438

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

Richard F. Lynch  
\_\_\_\_\_  
Typed or printed name of signer

**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)