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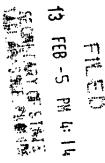
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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02/05/13--01021--002 **125.00



COVER LETTER

TO: Registration S Division of Co			
_{subject:} Lynk	Developmen	t 117	
SUBJECT:		ed Liability Company	
The enclosed Articles of	f Organization and fce(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
Rachel	Libersat		
		Name of Person	
Securit	es Capital		
- · · · · · · · · · · · · · · · · · · ·		Firm/Company	
260 S (Osceloa Ave l	Jnit 1009	
Orlando	o, FL 32801	Address	
Rachel@	securitiescapt		
	,	for future annual report notification)	
For further information	concerning this matter, please	e call;	
Rachel Lib	ersat	$\frac{407}{408-10}$)22
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check f	or 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	Street/Courier Address	

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

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	·	
Lynk Developme	ent, LLC	
	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -	· Address:	
		ess of the principal office of the Limited Liability Company is:
Principal Offic	ce Address:	Mailing Address:
260 S Osceola A	Ave Unit 1009	260 S Osceola AVe Unit 1009
Orlando, FL 328	01	Orlando, FL 32801
	<u> </u>	·
The name and t	the Florida street add	Name ve Unit 1009 orida street address (P.O. Box NOT acceptable)
	260 S Osceola A	in Unit 1000
		orida street address (P.O. Box NOT acceptable)
	Orlando	EL 32801
		City, State, and Zip
liability con registered ag	npany at the place de ent and agree to act t elating to the proper	gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as n this capacity. I further agree to comply with the provisions of and complete performance of my duties, and I am familiar with osition as registered agent as provided for in Chapter 608, F.S

(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:

Securities Capital (MGR)	260 S Osceola Ave Unit 1009
	Orlando, FL 32801
	·
 	
······································	
. <u></u>	
(Use attachment if necessary)	
•	
LE V: Effective date, if other the	nan the date of filing: (OPTION
or 90 days after the date of fil	e must be specific and cannot be more than five busing
or 30 days after the date of the	ing.)

(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.)

Signature of a member or an authorized representative of a member.

EX FINE
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)