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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
,	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	

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2013 AUG -9 AM II: IQ SECRETARY OF STATE SECRETARY OF STATE

N. Cumpan AUG 1 2 2013

(850) 245-6051.

•	COVE	R LETTER	
TO: Registration S Division of Co			
SUBJECT: Linh	, LLC		
SUBJECT,		ed Liability Company	
The enclosed Articles o	l'Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Hugh N	1 Palmer, Esq		
	, ,	Name of Person	
		Firm/Company	
PO Box	< 2187		
Winter	Park, FL 3279	Address	
 	Ci	ty/State and Zip Code	
ntran4@y	ahoo.com	for future annual report notification)	
Lor further information	concerning this matter, please		
Hugh M Pa		407 645-20	030
 	of Person	Area Code & Daytime Telep	phone 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 Registration Section	Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Fallahassee, FL 32314

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	y is:	
Linh, LLC		
(Must end with the words "Limited I	Liability Company, "L.I.,C.," or "LI,C,")	
ARTICLE II - Address:		
The mailing address and street address of the	ne principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
4438 Curry Ford Road	4438 Curry Ford Road	
Suite C	Suite C	
Orlando, FL 32812	Orlando, FL 32812	
ARTICLE HI - Registered Agent, Register (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		or another
The name and the Florida street address of t	the registered agent are:	F SECRET SECRET
Linh Tu Truong		THE SECTION OF THE SE
N	lame	ILED 3-9 AN II: II TARY OF STATE ASSEE, FLORID
4438 Curry Ford Road		
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	D ME: FSTA FLOR
Orlando, FL 32812	FL.	
Cit	y, 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..

(CONTINUED)

Page 1 of 2

Link 70 TRUONC fu thuong
Registered Agent's Signature (REQUIRED)

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

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

$^{11}MCD^{11} \rightarrow Monogon$	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Link T. Turana
WGRW	Linh Tu Truong 4438 Curry Ford Road
	Orlando, FL 32812
	
(Use attachment if necessary) CLE V: Effective date if other than t	the date of tiling: (OPTIONAL)
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CLE V: Effective date, if other than the effective date is listed, the date muston or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of the end	TRUONG There or an authorized representative of a member. See FLORE 1987 THE STARTY OF STARTS
CLE V: Effective date, if other than to effective date is listed, the date muto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation uncluded that any false info	TALLAHASSEE, FLORIDATE OF SIGNATURE OF A MEDICAL SECONDARY OF STATES OF SIGNATURE OF A MEDICAL SECONDARY OF SIGNATURE OF A MEDICAL SIGNAT
CLE V: Effective date, if other than to effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation uncluded lam aware that any false inforcement of the constitutes a third degree felocation.)	TRUONG The ror an authorized representative of a member. See The statutes of a member. Solo (3). Florida Statutes, the execution of this document of perjury that the facts stated herein are true, formation submitted in a document to the Department of State

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)