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T. BROWN

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Linda Shoenberger, LMT, 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:

# Linda Shoenberger Linda Shoenberger, LMT, LLC Firm/Company 2816 Proctor Road Address Sarasota, FL 34231 City/State and Zip Code lindasImt@gmail.com

For further information concerning this matter, please call:

Linda Shoenberger at 941 650-0575

Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

□\$125.00 Filing Fee ■\$1

\$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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		13 DEC -9 PANS
Linda Shoenberger, LMT, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
(	,	物のもり
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Li	ability Company is
,	N#-111 A 3J	O C
Principal Office Address:	Mailing Address:	
2816 Proctor Road	2816 Proctor Road	
Sarasota, FL 34231	Sarasota, FL 34231	EFFECTIVE DATE
		1-1-14
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an indiv	idual or another
The name and the Florida street address of the re	egistered agent are:	
Linda Shoenberger		
Name	· · · · · · · · · · · · · · · · · · ·	
2816 Proctor Road		
	ress (P.O. Box NOT acceptable)	
Sarasota	34231	
**************************************	te, and Zip	
J., J.	,	
Having been named as registered agent and to a		
liability company at the place designated in the		
registered agent and agree to act in this capaci all statutes relating to the proper and complete		
and accept the obligations of my position as reg	- ·	
and accept the dougations of my position as reg	gistered agent as provided for i	n Chapter 000, 1 .b
Hood	00	
Registered Agent's Signatu	ufe (REOU(RED)	

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>ddress:</u>
erger, LMT Road 84231
nuary 1, 2014 . (OPTIO cannot be more than five busi
representative of a member.
ates, the execution of this document ary that the facts stated herein are true, document to the Department of State 817.155, F.S.)
of signee
_

of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)