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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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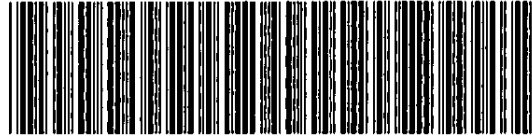
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAY -5 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED MAY 13 2015

WILLIAM E. RAIKES, III
Attorney at Law

(772) 595-6654
Fax (772) 465-0593
Courthouse Box

604 Boston Avenue
Fort Pierce, Florida 34950

May 1, 2015

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Lindo Lane, LLC

Dear Sir or Madam:

Enclosed please find original and one copy of the Articles of Organization For Florida Limited Liability Company for the above-referenced corporation. Also enclosed is our check for the following:

Filing fee	\$100.00
Registered Agent fee	25.00
Certified Copy of Articles	<u>30.00</u>
Amount of check	\$155.00

Thank you for your prompt attention to this matter. If you have any questions, please feel free to contact me.

Very truly yours,



William E. Raikes, III

WER/tkk
enclosure

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lindo Lane, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is :

Principal Office Address:

2816 22nd Street
Vero Beach, Florida 32960

Mailing Address:

2816 22nd Street
Vero Beach, Florida 32960

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Minerva L. Cardriche
Name
2816 22nd Street
Florida street address (P.O. Box NOT acceptable)
Vero Beach, Florida 32960
City, State, and Zip

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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 property 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 605, Florida Statutes.

Minerva L. Cardriche
Registered Agent's Signature

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

Minerva L. Cardriche

2816 22nd Street

Vero Beach, Florida 32960

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required.

REQUIRED SIGNATURE:

Minerva L. Cardriche
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that all facts stated herein are true. I am aware that any false information submitted I a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Minerva L. Cardriche

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)