## L1500188071

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SECREMARY OF STATE TALLAHASSEE, FLORIDA

NOV - 6 2015 T CANNON EFFECTIVE DATE\_ \_ID-25-2015

## **COVER LETTER**

	egistration Section ivision of Corporations
SHIDIECT	Lindsey Sampson Consulting LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Lindsey J. Sampson
	Name of Person
	Lindsey Sampson Consulting LLC
	Firm/Company
	162 SW 53rd Ter.
	Address
	Cape Coral, Fl. 33914
	City/State and Zip Code
-	Linpam16253@gmail.com  E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
. O. Iurulei B	
	Lindsey J. Sampson 239 540-2388
,	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	ling Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing Address Street Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, TLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 OCT 29 PH 3: 40

Lindsey Sampson (Must end	l with the words "Limited	Liability Company	("L.L.C." or "LLC")
(		mainty company	, 2.2.0., 0. 1120. )
ARTICLE II - Address:			
he mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
162 SW 53rd Ter.		Sam	ie
Cape Coral, Fl. 339	914		
The Limited Liability Compan	iy cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual c
The Limited Liability Companion ther business entity with an	ry cannot serve as its own a active Florida registration	Registered Agent. n.)	nt's Signature: You must designate an individual o
ARTICLE III - Registered Ag The Limited Liability Companionother business entity with an	ry cannot serve as its own a active Florida registration	Registered Agent. n.)	nt's Signature: You must designate an individual o
The Limited Liability Companionother business entity with an	ry cannot serve as its own active Florida registration taddress of the registered	Registered Agent. n.)	nt's Signature: You must designate an individual o
The Limited Liability Companionother business entity with an	ry cannot serve as its own active Florida registration taddress of the registered	Registered Agent. n.) agent are:	nt's Signature: You must designate an individual
The Limited Liability Companionother business entity with an	y cannot serve as its own active Florida registration address of the registered <u>Lindsey J. Sampson</u>	Registered Agent.  n.)  agent are:  Name	You must designate an individual

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 605, F.S..

State

City

(CONTINUED)

Zip

Page 1 of 2

Title: "AMBR" = At "MGR" = Mar	nthorized Member nager	Name and Address:	
MGR		Lindow I Common	
WOR	<del></del>	Lindsey J. Sampson 162 SW 53rd Ter. Cape Coral, Fl. 33914	
AMBR		Pamela C. Sampson 162 SW 53rd Ter. Cape Coral, Fl. 33914	
			<del></del>
(Use attachment   CLE V: Effective	<b>.</b>	of filing: October 25, 2015 . (OPTIONA	dL)
CLE V: Effective effective date is lice of filing.)  If the date inserte	date, if other than the date sted, the date must be speed in this block does not m	of filing: October 25, 2015 (OPTIONAl ceific and cannot be more than five business days prior neet the applicable statutory filing requirements, this date of State's records.	to or 90 (
CLE V: Effective effective date is lice of filing.) If the date inserte cument's effective	date, if other than the date sted, the date must be speed in this block does not me date on the Department of	ecific and cannot be more than five business days prior neet the applicable statutory filing requirements, this date	to or 90 (
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CLE V: Effective effective date is li te of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date sted, the date must be speed in this block does not me date on the Department of visions, if any.  SIGNATURE:  Signature of a me This document is execute I am aware that any false constitutes a third degree  Lindsey J. Samps	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, F.S.	to or 90 o

Page 2 of 2

TÄLLAHASSEE, F. ORIDA