

L1600125071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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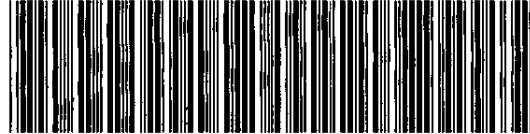
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 JUN 24 AM 10:10

m/m



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

MICHAEL JAMES LINK
1421 MICHIGAN AVE., UNIT A
WINTER PARK, FL 32789

SUBJECT: LINK PROPERTY MANAGEMENT LLC
Ref. Number: W16000042770

RECEIVED
16 JUN 24 PM 1:23
TALLAHASSEE, FLORIDA

We have received your document for LINK PROPERTY MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L08000028216.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 216A00012365

PLEASE change Name to:

THE MISSING LINK Property Management LLC

Michael J. Link 6/22/16

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 24 AM 10:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINK PROPERTY MANAGEMENT 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:

Michael James Link

Name of Person

LINK PROPERTY MANAGEMENT LLC

Firm/Company

1421 MICHIGAN AVE UNIT A

Address

WINTER PARK, FL 32789

City/State and Zip Code

OCLINK@LIVE.COM

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

For further information concerning this matter, please call:

Michael Link at (407) 906-1312
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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

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

Street Address

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

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16 JUN 24 AM 10:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: THE MISSING LINK PROPERTY MANAGEMENT LLC

~~LINK PROPERTY MANAGEMENT LLC~~ (ML)

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1421 Michigan Ave UNIT A
Winter Park, FL 32789

1421 Michigan Ave UNIT A
Winter Park, FL 32789

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael Link

Name

1421 Michigan Ave UNIT A

Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32789

City

State

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 605, F.S.

Michael G. Link

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Michael J. Link
1421 Michigan Ave UNIT A
Winter Park, FL 32789

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Michael J. Link

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael J. Link

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 24 AH10:10