## 11600158622

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TAIL TO SEEL TRIBA

## **COVER LETTER**

Division of Corporations	
SUBJECT: Lynch Real Estat 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:	
Rebecca Lynch Name of Person	
Firm/Company  1806 Sunset Point Rd Apt H  Address	
Clearwater, Fl 33765  City/State and Zip Code  becca lynch 79 @amail.com	<del></del> 3.0
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	SECOLOR I
Rebecca Lynch at (727) 403-328/ Name of Person Area Code Daytime Telephone Number  Enclosed is a check for the following amount:	RY OF STATE RY OF STATE ORIDA
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\text{Certified Copy} (additional copy is enclosed)	ıs &
Mailing Address New Filing Section New Filing Section	

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

ARTICLE I - Name: The name of the Limited Liability	Company is:				
Lynch Rea (Must end v	U 55 tate, L	LC jability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	dress of the principal offic	ce of the Limited I	Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Address:		
1806 Sunset Apt H Clearwater,			806 Sunset Pork learwater, F7 3	1 RS	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Ro	egistered Agent. Y		ual or	
The name and the Florida street a	ddress of the registered ag	gent are:			
	Reberra	Lynch			
	1806 Sunsat	Point Rd A	to the		
	Florida street address (1	P.O. Box NOT ac	ceptable)		
	Charwater	FL	33765		
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pro am familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes relating as ligations of my position as	ntment as registered ting to the proper of registered agent a	d agent and agree to act in thi and complete performance of s provided for in Chapter 605	s capacity. I my duties, ar	I
	Registere	Agent's Signatu	re (REQUIRED)	16	NACI PAEC
		(CONTINUED)		6 AUG 17	- 355 - 320 - 320
	i,	Page 1 of 2		2	اچ د
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				5: 22	

The name and address of each person authorately.  Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR, MGR	Rebucca Lunda	
THE PARTY OF THE P	1800 Synget Paint Rd Apt H	
	Cleanwater Fl 33765	
47.		
(Use attachment if necessary)		
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