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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LINGLING OUTFITTERS, 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:	
MARIETTA MCSTAY	
LINGLING OUTFITTERS, LLC.	
3180 Sta SHELL WAY	
MECBOURNE PCA. FL 32451	
U(1 /12/1 /11) 1/11 1/27 1 /25/1 \ A /12/24 1 / 1 / 1/10 //11	SECR
E-mail address: (to be used for future annual report notification)	4
rol luttler information concerning this matter, please can:	
Name of Person Area Code Daytime Telephone Number	0F STATE 5. TORIDA 5. TORIDA
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	ed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: LingLing OutFittles, Lingling (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: 3180 Sta SHEL WAY MELOURIE BCH, 7132957 MELOURIE BCH, 71.32957	
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: MAKILTA Name	
3180 SEA SHELL WAY	
Florida street address (P.O. Box NOT acceptable) MEDOUKIE BCH, TL 32957 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	
Registered Agent's Signature (REQUIRED)	SECRES
(CONTINUED)	
Page 1 of 2	STATE

. ,	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:			
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: 3180 SEA SHEW WAY	00.4	
SMBR	WILLIAM MaSAY	WENDUKITE PCH. FL. 9	///S	
	(Use attachment if necessary)			
(If ar the d · <u>Note</u>	ate of filing.)	and cannot be more than five business days prior he applicable statutory filing requirements, this date	to or 90 days	
ART	ICLE VI: Other provisions, if any.			<u>-</u>
	required signature: William	m Mostay		-
	This document is executed in I am aware that any false info	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida S rmation submitted in a document to the Department of my as provided for in s.817.155, F.S.		. ~
	\$125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional)	ped or printed name of signee Filing Fees: cation and Designation of Registered Agent	16 SEP 12	8E0: 1387
	\$ 5.00 Certificate of Status (Optional)		PH IC	T AC