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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2016

LINDA MORGAN 2930 35TH AVE S ST. PETERSBURG, FL 33712

SUBJECT: LINDA MORGAN REALTOR, LLC

Ref. Number: W16000074172

We have received your document for LINDA MORGAN REALTOR, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

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: 916A00023498

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Linda Morgan REALTOR			
5020		ame of Limited I	Liability Company	
The end	closed Articles of Organization an	d fee(s) are subn	nitted for filing.	
Please	return all correspondence concern	ing this matter to	the following:	
	Linda Morgan			
		Nar	me of Person	
	Linda Morgan REALTOR, I	JLC		
		Fir	m/Company	
	2930 35th Ave S			
			Address	
	St. Petersburg, FL 33712			
	eedaleeda@yahoo.com	City/Sta	ate and Zip Code	
	E-mail address: (to be used for fu	ture annual report notification)	
For furth	er information concerning this ma	tter, please call:		
	Linda Morgan	727 at (251 0494	
	Name of Person	Area Co	ode Daytime Telephone Nu	umber
Enclose	ed is a check for the following am	ount:		
] \$125.0	0 Filing Fee \$130.00 Filin Certificate of	Status L	Certified Copy ditional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy idditional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section	16 KON
	Division of Corporation	ns	Division of Corporations	9

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA'LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
Linda Morgan REA	ITOR LLC			
		l Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limi	ted Liability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Address:	
2930 35th Ave S		2	930 35th Ave S	
St. Petersburg, FL 3	3712		t. Petersburg, FL 33712	
The name and the Florida stree	address of the registered			
		Name		
	2930 35th Ave S			
	Florida street addres	s (P.O. Box <u>NO</u>	T acceptable)	
	St. Petersburg	FL	33712	
	City	State	Zip	
lace designated in this certificate arther agree to comply with the p	e, I hereby accept the app provisions of all statutes re bligations of my position	ointment as regiselating to the pro as registered ago	the above stated limited liability comp stered agent and agree to act in this ca sper and complete performance of my a ent as provided for in Chapter 605, F.S	pacity. I luties, and I
		(CONTINUE	D)	

Page 1 of 2

ON 116 PH 5:38

		Name and Address:
	Authorized Member	
"MGR" = N	lanager	Y'-1 Manage
AMBR		Linda Morgan 2930 35th Ave S
		St. Petersburg, FL 33712
		St. Petersburg, PL 53712
		······································
		
		
TICLE V: Effect	ment if necessary)	ne date of filing: (OPTIONAL)
TICLE V: Effect an effective date i date of filing.) te: If the date ins	ive date, if other than to slisted, the date mus	ne date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 day s not meet the applicable statutory filing requirements, this date will not be truent of State's records.
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TICLE V: Effect an effective date in date of filing.) te: If the date ins document's effect TICLE VI: Other	ive date, if other than the listed, the date must erted in this block does tive date on the Department.	s not meet the applicable statutory filing requirements, this date will not be timent of State's records.
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TICLE V: Effect an effective date in date of filing.) te: If the date ins document's effect TICLE VI: Other	ive date, if other than to is listed, the date must erted in this block does tive date on the Departure of the Departure: Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. An amember or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)