# L11000157339

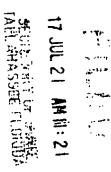
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### COVER LETTER

011D 1E 0	Hawk / Linker Properties, LLC.
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
	arn all correspondence concerning this matter to the following:
	James Grey Linker
	Name of Person
	Hawk / Linker Properties, LLC.
	Firm/Company
	4201 Bonway Drive
	Address
	Pensacola FL 32504
	City/State and Zip Code
	greybar@cox.net  E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	James Grey Linker 850 698-4305
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}}  \text{S155.00 \text{ Filing Fee & Certificate of Status & Certified Copy}}{\text{(additional copy is enclosed)}}  \text{Certified Copy}

## **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

Hawk / Linker Pro	operties, LLC.				
	ontain the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	et address of the principal c	office of the Lim	ted Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Addres	<u>s</u> :	
Hawk / Linker Pro	operties, LLC.	<u>H</u>	lawk / Linker Properties, LLC.		
4201 Bonway Dri	ve		201 Bonway Drive		
Pensacola FL 325	04	<u>F</u>	ensacola FL 32504		
James Grey Linker  Name  4201 Bonway Drive					
Florida street address (P.O. Box NOT acceptable)					٠,٠
	Pensacola	FL	32504	54 <del>=</del>	
	City	State	Zip	3 2	•
Having been named as registern place designated in this certification further agree to comply with the am familiar with and accept the	ate, I hereby accept the app provisions of all statutes r obligations of my position	ointment as regi elating to the pro as registered ag	stered agent and agree to act in per and complete performance	this capacity. I of my duties, and I	

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR James Grey Linker 4201 Bonway Drve Pensacola FL 32504 AMBR Charles W Hawk 14100 River Road Pensacola FL 32507 (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:** 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. James Grey Linker Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)