

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VDT CORPORATE SERVICES

Account Number : I20100000047 Phone : (305)678-1516

Fax Number : (786)542-5995

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.-

Email Address:		

FLORIDA LIMITED LIABILITY CO. LINKIN ASSETS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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2020 JUY -3 PM 2: 50

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COVER LETTER

TO:	New Filin Division o	ig Section of Corporations				
SUBJE		CIN ASSETS LLC				
aubie	.C.I	N ал	e of Limited Lia	bility Company		
The end	closed Artic	les of Organization and	fee(s) are submit	ted for filing.		
Pleaso	return all co	rrespondence concernin	g this matter to th	ne following:		
	JOAO	PEDRO VOLZ				
		· · · · · · · · · · · · · · · · · · ·	Name	of Person	<u> </u>	7020
	VDT 0	CORPORATE SERVIC	ES LLC)	2020 JUN -3
			Firm	Company/	55 50	<u> </u>
	150 S	E 2ND AVE SUITE 90	5			M
	\		A	ddress	<u> </u>	- ယ ယ
	MIAM	I, FL 33131				35
	MANA	GEMENT@SAINTJOS		and Zip Code		_
	-			re annual report notification)	_
Por furtl	er informat	ion concerning this matte	or, please call:			
	JOAO	PEDRO VOLZ	305	503-9867		
		Name of Person	at (Area Cod	Daytime Telephone N	lumber	
Enclos	ed is a chec	k for the following amou	ınt:			
	0 Piling Fee	_	Fee &\$11	55,00 Filing Fee & riffed Copy ional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed.	
		Mailing Address New Eiling Section		Street Address New Filing Section		
	1	New Filing Section Division of Corporations P.O. Box 6327	3	Division of Corporation Clifton Building	3	
		Tallahassee, FL 32314		2661 Executive Center (Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: LINKIN ASSETS LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o Principal Office Address:	f the Limited Liability Company is: Mailing Address:
150 SE 2ND AVE SUITE 808	150 SE 2ND AVE SUITE 906
	150 SE 2ND AVE SUITE 908 MIAMI, FL 33131

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

Name

150 SE 2ND AVE SUITE 906

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

MIAMI FL 33131

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..

(CONTINUED)

2020 JUN -3 AH 3: 35

(Use attachment if necessary) (Use attachment if necessary) (LE V: Effective date, if other than the date of filing: 05/28/2019 (OPTIONAL) (OPTIONAL) (Iffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 e of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not current's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member of the applicable statutory filing requirements, this date will not current's effective date on the Department of State's records. CLE VI: Other provisions, if any. 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. JOAO PEDRO VOLZ Typed or printed name of signee Filing Pees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agont	Title: "AMBR" = Authorized Men	Name and Address; aber
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