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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994 Fax Number : (305)444-4977

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Email	Address:	
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FLORIDA LIMITED LIABILITY CO. LINC ENTERPRISE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Linc Enter prise LLC

(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:	Mailing Address:
13145 Coromado Dr.	Some As Principle Office
North Minmi Fl 33181	

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 Fiorida street address of the registered agent are:

Name

13145 Coro no do Dr.

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

13181

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)

(CONTINUED)

Page 1 of 2

2020 AUG 11 PM 4-34

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	RILL NUNEZ 13145 CORONADO DR. N. MIAMI, FL 33181
(Use attachment if necessary)	(OPTIONAL)
LEV: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does no	ate of filing:
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date fective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department LE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not amount's effective date on the Department's effective date on the Department. E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is exellent any file.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not of State's records.