8/11/2020

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# FLORIDA LIMITED LIABILITY CO. Linda B. Shiverberg, LLC

Certificate of Status 0





Electronic Filing Menu Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

Linda B. Shiverberg, LLC

(Must contain 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:
4021 Dana Kathrine Dr	4021 Dana Kathrine Dr
Kissimmee, Florida 34741	Kissimmee, Florida 34741

## 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:

NRAI Services, Inc.		
	Nina	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	ceptable)
Plantation	Florida	33324
Cily	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company a the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in **Fis** capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance f my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Guptr 605, FS

NRAI Services, Inc.

By: Jennifer tasavoli Asst. Secretary Registered Agent's Signature (REQUIRED)

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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:
MGR	Erica Mercado 4021 Dana Kathrine Dr Kissimmee, Florida 34741
(Use attachment if necessary)	

ARTICLEV: 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.

ARTICLEVI: Other provisions, if any,

REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a memb	er.
This document is executed in accordance with section 605.0203 (1) (b) Flo	rida Statutes
I am aware that any false information submitted in a document to the Depart	ment of State
constitutes a third degree felony as provided for in s.817.155. F.S.	
Brent Buscay, VP Laughlin Associates, Inc Organizer	
Typed or printed name of signe	
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