## L21000467860

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	±#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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11/05/21--01025--001 \*\*25.00

05/14/21--01013--021 \*\*100.00

New Art. 10/29/21

## **COVER LETTER**

New Filing Section Division of Corporations

TO:

LINDFIELD	TRADING LLC
	Name of Limited Liability Company
ed Articles of Organization	on and fee(s) are submitted for filing.
n all correspondence cor	ncerning this matter to the following:
ARIEL F	HERNANDEZ
	Name of Person
LINDFIEL	D TRADING LLC Firm/Company
	Firm/Company
10383 Su	Address MIAMIFE 33174
	Address
acidaci	h, 33174
sales@line	City/State and Zip Code  Afield trading. com  ess: (to be used for future annual report notification)
E-mail addre	ess: (to be used for future annual report notification)
2 B HOLLA	14.2 281 AIZ 51112
Name of Person	Area Code Daytime Telephone Number
	,
check for the following	amount:
-	D Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
P.O. Box 6327	ations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	ARIEL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Comp	any is:				
LINDFIELD TR	ADING L	LC			
			npany, "L.L.C.," or "L	LC.")	
ARTICLE II - Address: The mailing address and street address o	f the principal of	fice of the L	imited Liability Comp	pany is:	
Principal Office Address:			Mailing Address:		
10383 SW 11T	SMEET		10383 S	W JITH SMEE BITY	
MIANU FL 331	74		MIANI FL	33174	
(The Limited Liability Company cannot sanother business entity with an active Florida street address of	orida registration	1.)			
		_	DET		
lo:	w2 E8E	1174	smeet		
Florid	la street address	(P.O. Box I	OT acceptable)	<del></del>	
M	Ani	FL	33/74 Zip	!	
	City	State	Zip		
aving been named as registered agent and	l to accept servic	e of process	for the above stated lie	mited liability common at the	

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)

(CØNTINUED)

ARTICLE IV-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 MGR. (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.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)