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CAPITAL CONNECTION, INC.

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COVER LETTER

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SUBJECT		ocation III, LLC				
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The enclos	ed Articles of	Organization and	fec(s) are su	bmitted f	or filing.	
Please retu	rn all correspo	ondence concernin	g this matter	to the fo	llowing:	
	Vincent J. P.	iazza				
				Vame of P	erson	
			}	Firm/Com	pany	
		gress Ave., Suite	104			
				Addres	ss	
	Boynton Bea	ach, FL 33426				
	keithrowling@	@me.com	City/:	State and	Zip Code	
•			be used for	future an	nual report notificati	on)
For further i	nformation co	ncerning this matt	er, please ca	11:		
	Vincent J. Pi	azza	561 at (,	738-5501	
	Nam	e of Person			Daytime Telephone	e Number
Enclosed is	a check for t	he following amou	ant:			
≣ \$125.00	Filing Fee	□\$130.00 Filin Certificate of S	tatus	Certifie	00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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		ox 6327			415 N. Monroe Stree	
		assee, FL 32314		Ţ	allahassee, FL 3230.	3

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name	۸	RI	TCI	LE		Name:
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The name of the Limited Liability Company is:

Linear Allocation III, 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:

Princi	pal	Office	Add	ress:
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Mailing Address:

2985 N. Ocean Blyd.	2985 N. Ocean Blvd.
Gulf Stream, FL 33483	Gulf Stream, FL 33483

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.)

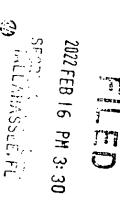
The name and the Florida street address of the registered agent are:

Keith E. Rowling		
	Name	
2985 N. Ocean Blvd	d	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Gulf Stream	FL	33483
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..

2E5A4RE 486QIAC Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR Seith E. Rowling 2985 N. Ocean Blvd. Gulf Stream, Fl. 33483 (Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: February 16, 2022 (OPTIONAL) In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days date of filing.) Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. FIGLE VI: Other provisions, if any. REOURED 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. Keith E. Rowling Typed or printed name of signee S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certificate of Status (Optional) S 5.00 Certificate of Status (Optional)	"MGR" = Manager	
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