WKK1199060

(Requestor's Name)		
(Address)		
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	iment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK U	JP:	BROOK 5/3	
	CERTIFIED COPY	_		
XX	РНОТОСОРУ			
	GS			
XX	FILING	LI	2	
l .	LINK PARTNERS LLC (CORPORATE NAME AND DOCUM	MENT#)		
2.	(CORPORATE NAME AND DOCUM	MEN'Γ#)		
3.	(CORPORATE NAME AND DOCUS	MENT#)		
! .	(CORPORATE NAME AND DOCU)	MENT #)		28. 28. 28. 28. 28. 28. 28. 28. 28. 28.
5.	(CORPORATE NAME AND DOCU)	MENT #)		2874 MAY -3 AM 9 SECRETARY OF STALLAHASSEE.
) .	(CORPORATE NAME AND DOCUS	MENT#)		SEE STATE

SPECIAL INSTRUCTIONS:

,	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I The name of	- Name: the Limited Liability Company is:
L	INK PARTNERS 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:
18101 COLLINS AVE APT PH201	18101 COLLINS AVE APT PH201
SUNNY ISLES BEACH FL 33160	SUNNY ISLES BEACH FL 33160

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

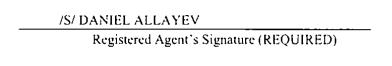
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

DANIEL ALLAYEV	7	
	Name	
18101 COLLINS AV	E APT PH201	
Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
SUNNY ISLES BEA	CH FL	33160
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 dutes, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F. Service of the acceptance of the complete performance of the complete p



(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR"	' = Authorized Member	Name and Address:
"MGR" = Manager MBR		DANIEL ALLAYEV 18101 COLLINS AVE, APT PH201 SUNNY ISLES BEACH FL 33160
		SONNY ISLES BEACH PL 35100
		
	_	
(Use attac	chment if necessary)	
If an effective dat he date of filing.) <u>Note:</u> If the date i	te is listed, the date must be specific	ting: (OPTIONAL) and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed a ate's records.
	her provisions, if any.	
REQUIR	RED SIGNATURE:	
		YEV r or an authorized representative of a member.
	This document is executed in I am aware that any false info	r or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. remation submitted in a document to the Department of State and State are submitted for in s.817.155, F.S.
	DANIEL ALLAYEV	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)