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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
<u></u>	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer	
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2024 MAY 22 AM 9: 47

C. C. LANGLASSEE, FL

PROEIVED



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 05/22/24 Order #: 1517586-1

Re: Linekin Development, LLC **Processing Method: Routine**

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$130.00 - FL State Account Number: el se

12000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

Tallahassee, FL 32314

COVER LETTER

	New Filing Section Division of Corporations			
eun IEa	Linckin Development, LLC			
SUBJEC	Name of Lit	nited Liability Company		
The encl	osed Articles of Organization and fee(s) ar	re submitted for filing.		
Please re	turn all correspondence concerning this ma	atter to the following:		
	Samuel F. Colburn, Esq.			
		Name of Person		
	Woods, Weidenmiller, Michetti & Ruc	Inick, LLP		
	Firm/Company			
	9045 Strada Stell Court, Suite 400			
	Address			
	Naples, FL 34109			
		Tity/State and Zip Code	·· ~	
	scolburn@lawfirmnaples.com		D24	
	E-mail address: (to be used	for future annual report notification)		
For further	information concerning this matter, pleas	e call:	2024 MAY 22	
	Samuel Colburn 2.	39 325-4070	(1)	
	Name of Person A	rea Code Daytime Telephone Numb	MM 9: 47	
Enclosed	is a check for the following amount:			
□\$125.0	00 Filing Fee ■S130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Cer	S160.00 Filing Fee. rtificate of Status & rtified Copy tional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite	: 810	

Tallahassee, FL 32303

	ORGANIZA HON FOR FI	LORIDA LIMI	TED LIABILITY COMPAN	Y	
ARTICLE I - Name: The name of the Limited Liability	Company is:				
Linekin Development					
(Must conta	in the words "Limited Li	iability Compa	any, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal off	ice of the Lim	ited Liability Company is:		
<u>Principa</u>	Office Address:		Mailing A	ddress:	
c/o Woods, Weidenmi 9045 Strada Stell Cou Naples, FL 34109	ller, Michetti & Rudnic rt, Suite 400		c/o Adam Dulberg, Rothb 2631 Merrick Rd, Suite 40 Bellmore, NY 11710		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac-	cannot serve as its own Retive Florida registration	Registered Age .)		individual or	
	WWMR Statutory Age	ent LLC		_	
		Name			
	9045 Strada Stell Cour	1, 4th Floor		_	
	Florida street address	(P.O. Box <u>NC</u>	T acceptable)		
	Naples	Fl.	34109	_	
	City	State	Zip		
Having been named as registered ay place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the appoi visions of all statutes rela igations of my position as Register	intment as regi ating to the pr s registered ag	istered agent and agree to a sper and complete perform ent as provided for in Chap enature (REQUIRED)	act in this capacity to	, 可 「 「 可

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	
MGR	Robert Linekin c/o Woods, Weidenmiller, Michetti & Rudnick LLP 9045 Strada Stell Court, Suite 400, Naples, FL 34109
	
(Use attachment if necessary)	
If an effective date is listed, the date must be date of filing.) Note: If the date inserted in this block does	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departr	nent of State's records.
ARTICLE VI: Other provisions. if any.	7024 M
	2
REQUIRED SIGNATURE:	— Docusigned by:
· ·	— DB500909E8C74AC
This document is ending the second of the se	a member or an authorized representative of a member of statutes. Secured in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Robert Line	sin .
ixovere Emes	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)