

C24000377419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

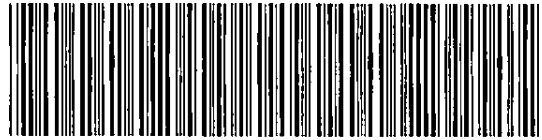
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2024 AUG 30 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FL

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125

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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 UP: BROOK 8/30

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LLC

1. LINBARS LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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**TO: New Filing Section
Division of Corporations**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Firm/Company	Country	Year	Sample Size	Method	Findings
A	B	C	D	E	F
G	H	I	J	K	L
M	N	O	P	Q	R
S	T	U	V	W	X
Y	Z	AA	AB	AC	AD
AE	AF	AG	AH	AI	AJ
AK	AL	AM	AN	AO	AP
AQ	AR	AS	AT	AU	AV
AW	AX	AY	AZ	BA	BB
BC	BD	BE	BF	BG	BH
BI	BJ	BK	BL	BM	BN
BO	BP	BQ	BR	BS	BT
BU	BV	BW	BX	BY	BZ
CA	CB	CC	CD	CE	CF
CG	CH	CI	CJ	CK	CL
CM	CN	CO	CP	CQ	CR
CS	CT	CU	CV	CW	CX
CY	CZ	DA	DB	DC	DD
DE	DF	DG	DH	DI	DJ
DK	DL	DM	DN	DO	DP
DQ	DR	DS	DT	DU	DV
DW	DX	DY	DZ	EA	EB
EC	ED	EE	EF	EG	EH
EI	EJ	EK	EL	EM	EN

Boynston BCH, FL. 33477

City/State and Zip Code
PARENA 123 C AOL. COM
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip ARENA at (305) 975 4577
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee &
 Certified Copy
 (additional copy is enclosed)

—\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 AUG 30 AM 9:47
CLERK OF DISTRICT COURT
TALLAHASSEE, FL
STATE

TH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LINBARS 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:

12808 VENETO SPRINGS DR 12808 VENETO SPRINGS DR.
BOYNTON BCH, FL 33473 BOYNTON BCH, FL 33473

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:

Phillip ARENA
Name

12808 VENETO SPRINGS

Florida street address (P.O. Box ~~NOT~~ acceptable)

BOYNTON BCH, FL 33473
City State Zip

CLERK OF THE COURT
TALLAHASSEE, FL

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I, 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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Philip ARENA
12808 VENETO SPRINGS DR.
BOYNTON BEACH FL 33473

NANCY ARENA
12808 VENETO SPRINGS DR
BOYNTON BEACH FL 33473

(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.

Philip ARENA

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)

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FLORIDA
DEPARTMENT OF STATE