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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: The Linen Pear, LLC Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Victoria Brown				
Name of Person				
The Linen Pear, LLC				
Firm/Company				
4958 Pointe Circle				
Address				
Oldsmar, FL 34677				
City/State and Zip Code				
linenpearhome@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
VICTORIA Prown at (734) 355-9383 Name of Contact Person Area Code Daytime Telephone Number				
Name of Contact Person Area Code Daytime Telephone Number				
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				
Enclosed is a check for the following amount: S125.00 Filing Fee				



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 9, 2016

VICTORIA BROWN 4958 POINTE CIRCLE OLDSMAR, FL 34677

SUBJECT: THE LINEN PEAR, LLC Ref. Number: W16000076119

He w/ Debra?
Syasemin

We have received your document for THE LINEN PEAR, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

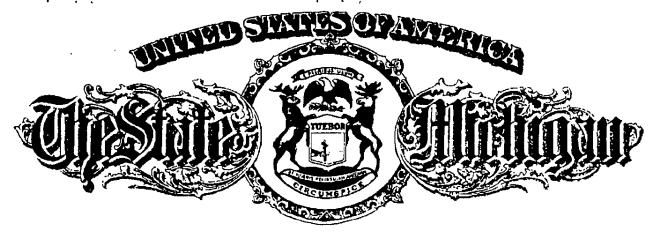
Yasemin Y Sulker Regulatory. Specialist II

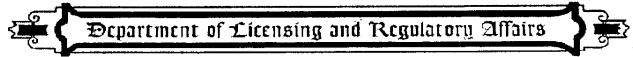
Letter Number: 816A00024132

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APPLICATION BY	OREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
	IN FLORIDA
•	

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTI COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ER A FOREIGN LIMITED LIABILITY
1. The Linen Pear, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternat Liability Company," "L.L.C," or "LLC.")	e name must include "Limited
	552
2. MICHIGAN (Jurisdiction under the law of which foreign limited liability company is organized) 3. 38-3498 (FEI number, if applice to the law of which foreign limited liability company is organized)	eable)
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 4958 Pointe Circle	
Oldernar, FL 34677 (Street Address of Principal Office)	
6	
Same	34
(Mailing Address)	——£ 16 x
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	AON - VON
Name: Victoria Brown	Will be the
Name: Victoria Brown Office Address: 4959 Pointe Circle Old Swar, Florida 346 (City) (Zip code	E H
Old Swarc Florida 346	72 %
(City) (Zip code	e) to
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited designated in this application, I hereby accept the appointment as registered agent and agree to act to complywith the provisions of all statutes relative to the proper and complete performance of my daccept the obligations of my position as registered agent. Littlian Lover	in this capacity. I further agree
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Victoria Brown Owner/manager 49,58 Pointe Circle	
49,58 Pointe Circle	
Oldsmar, FL 34677	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official ha jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translati of the translator must be submitted) Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware the submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes a third degree felony as provided for in submitted in a document to the Department of State constitutes as third degree felony as provided for in submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a document of State constitutes as the submitted in a do	s.817.155, F.S.
Typed or printed name of signee	

e Unen Pear LLE Withe original filing date of 11.09.16





Lansing, Michigan

This is to Certify That

THE LINEN PEAR, LLC

was validly organized on October 29, 1999 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1419392

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of November, 2016

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau