

P16000060145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

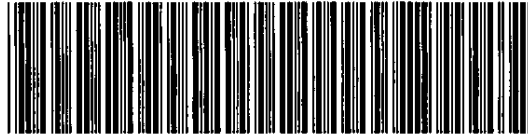
(Document Number)

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16 JUL 19 AM 7:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1A

## COVER LETTER

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

SUBJECT: Linx Electrical Solutions, LLC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Shelly Llewellyn

Name (Printed or typed)

8103 Southgate Blvd.

Address

North Lauderdale, FL 33068

City, State & Zip

754-366-2577

Daytime Telephone number

vqbusinessclass@hotmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2016

SHELLY LLEWELLYN  
8103 SOUTHGATE BLVD  
NORTH LAUDERDALE, FL 33068

SUBJECT: LINX ELECTRICAL SOLUTIONS, LLC  
Ref. Number: W16000032636

We have received your document for LINX ELECTRICAL SOLUTIONS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 716A00009214

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: Linx Electrical Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2455 Nob Hill Road, Apt # 304

Sunrise, Florida 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide electrical repairs to  
Commerical and residential properties.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shelly Llewellyn, Director and Initial Officer

Address: 2455 Nob Hill Road

Apt # 304

Sunrise, Florida 33322

Name and Title: Sheldon Llewellyn, Initial Officer

Address: 2455 Nob Hill Road

Apt # 304

Sunrise, Florida 33322

Name and Title:

Name and Title:

Address:

Address:

FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

Shelly Llewellyn

Address: \_\_\_\_\_

2455 Nob Hill Road, Apt #304  
Sunrise, Florida 33322

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: \_\_\_\_\_

Shelly Llewellyn

Address: \_\_\_\_\_

2455 Nob Hill Road, Apt #304  
Sunrise Florida 33322

**ARTICLE VIII EFFECTIVE DATE:**

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 or 90 business days after the 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.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Shelly Llewellyn

Required Signature/Registered Agent

2/19/16  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Shelly Llewellyn

Required Signature/Incorporator

2/17/16  
Date