

P23000032815

(Requestor's Name)

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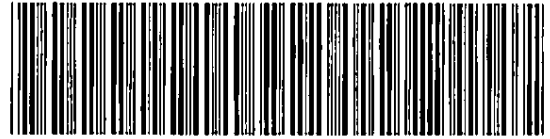
(Business Entity Name)

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APR 25 2023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LINSSEN HOLDINGS, INC.

Please Debit I20000000257 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

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COVER LETTER

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

SUBJECT: LINSEN HOLDINGS, INC.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BURG WYNN, P.A. C/O NICOLE JONES, ESQ.

Name (Printed or typed)

215 HARRISON AVENUE

Address

PANAMA CITY, FLORIDA 32401

City, State & Zip

850.851.0621

Daytime Telephone number

nicole@burgwynn.com

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LINSSEN HOLDINGS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

328 MADISON CIRCLE

PANAMA CITY BEACH, FLORIDA 32407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE HOLDINGS AND RETAIL OPERATIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOLLY LINSSEN

Name and Title: AARON LINSSEN

Address 328 MADISON CIRCLE
PANAMA CITY BEACH, FLORIDA 32407

Address: 328 MADISON CIRCLE
PANAMA CITY BEACH, FLORIDA 32407

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SFO

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BURG WYNN, P.A.

Address: 215 HARRISON AVENUE

PANAMA CITY, FLORIDA 32401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HOLLY LINSEN

Address: 328 MADISON CIRCLE

PANAMA CITY BEACH, FLORIDA 32407

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TALLAHASSEE, FLORIDA

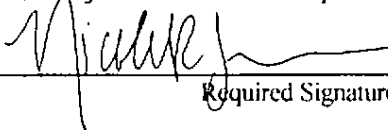
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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.

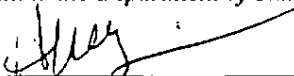
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/20/23
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.



Required Signature/Incorporator

4/17/23
Date