

L04000077941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

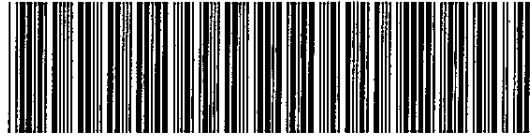
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W04 24430

Office Use Only



500038079355

06/22/04--01039--022 **160.00

FILED
04 OCT 27 PM 3:30
SECONDARY STATE
TALLAHASSEE, FLORIDA

W04-24430
J. BRYAN JUN 24 2004



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 24, 2004

PAUL KOCH
LIGHTPOINT INVESTMENTS LLC
625 JERONIMO DR.
CORAL GABLES, FL 33146

FILED
04 OCT 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LIGHTPOINT INVESTMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreement is not filed with our office, keep for your records.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 704A00041787

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

FILED
04 OCT 21 24
04 OCT 21 24
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA
3:30

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Lightpoint Investments LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

*The state
HAVE the money*

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

June 16, 2004

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
04 OCT 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sirs:

Ref. Lightpoint Investments LLC

We hereby forward documents pertinent to the organization and registration of the above entity.

Also enclosed is a check in the amount of \$ 160.00 for the following:

- \$ 100 Filing Fee
- \$ 25 Designation of Registered Agent
- \$ 30 Certified copy
- \$ 5 Certificate of Status

Sincerely yours,

Lightpoint Investments LLC


Paul Koch
Manager

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIGHTPOINT INVESTMENTS LLC
(Name of Limited Liability Company)

FILED
04 OCT 27 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

PAUL KOCH
(Name of Person)

LIGHTPOINT INVESTMENTS LLC
(Firm/Company)

625 JERONIMO DR.
(Address)

CORAL GABLES, FL 33146
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL KOCH at (305) 586-5309
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIGHTPOINT INVESTMENTS, 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:

625 JERONIMO DR.
CORAL GABLES, FL 33146

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

PAUL KOCH

Name

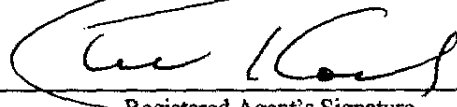
625 JERONIMO DR.

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

CORAL GABLES FL 33146

City, State, and Zip

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 608, F.S..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

PAUL KOCH
625 JERONIMO DR.
CORAL GABLES, FL 33146

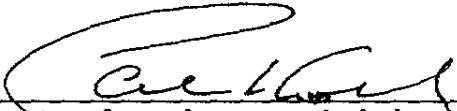
MGRM

SANDRO FRANKLIN
1401 SW 15 ST.
BOCA RATON, FL 33489

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PAUL KOCH
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)