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COVER LETTER

Division of Corporations				
SUBJECT: Light Success Products, LLC				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Dana Alvin Higgins				
(Name of Person)				
Light Success Products, LLC				
(Firm/Company)	_			
Post Office Box 561210				
(Address)	_			
Orlando, Florida 32856				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Dana Higgins 407 325-7175				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
St25:00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Light Success Products, LLC (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
5156 Creusot Court Orlando, FL 32839	PO Box 561210 Orlando, FL 32856	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Dana Alvin Higgins Name	ered Agent. You must designate an individual or another	SECRE
5156 Creusot Court		
Florida street address (P.O. Box NOT acceptable)		
Orlando, FL 32839 _{FL}		
City, State, a	FL	
registered agent and agree to act in this capacity statutes relating to the proper and complete per	his certificate, I hereby accept the appointment i. I further agree to comply with the provisions rformance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.	t as s of all ı and

(CONTINUED) Page 1 of 2

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 MGRM Dana Alvin Higgins PO Box 561210 Orlando, FL 32856 (Use attachment if necessary)

(Ose atalessment it represently)

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.)

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.)

yped 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)