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SECRETARY OF STATE
ALLAHASSEE, FLORID,

W09-26986

J. BRYAN

JUN 18 2009

EXAMINER

COVER LETTER

Division of	Corporations		
SUBJECT:	Sha	adow-Caster LLC	
Selate1	Name of Limit	ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	S S
		Lori Detwiler	ECRI LLA
-		Name of Person	NIT AM FARY OF HASSEE,
	Sho	dow-Caster LLC	HARY OF STAT
<u></u>	Sila	Firm/Company	नुष्य छ
	440	I D' I I I I I D I	ATE DRIDE
 	1104	Pinehurst Road Address	
		,	
		nedin, FL 34698 y/State and Zip Code	
		•	m
	E-mail address: (to be used	andhousedesign.col	cation)
For further informati	on concerning this matter, pleas	e call:	
C.	Brian Rogers	at (727)	738-4477
Na	me of Person		time Telephone Number
Enclosed is a check	for the following amount:		
∑ \$125.00 Filing Fe	e \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is encl	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	cion corations Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2009

LORI DETWILER SHADOW-CASTER LLC 1104 PINEHURST ROAD DUNEDIN, FL 34698

SUBJECT: SHADOW-CASTER LLC

Ref. Number: W09000026986



We have received your document for SHADOW-CASTER 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #P07000085277, SHADOW CASTER INC..

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 Regulatory Specialist II

Letter Number: 209A00019333

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Shadow-Caster LED Lighting LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "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:** PO Box 82 1104 Pinehurst Road Dunedin, FL 34698 Dunedin, Fl. 34698 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Effective Date 07 01 09 The name and the Florida street address of the registered agent are: C. Brian Rogers Name 1420 Hales Hollow Drive Florida street address (P.O. Box NOT acceptable) Dunedin, FL 34698 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

T241	N
Title:	Name and Address:
"MGR" = Manager	mo mo
"MGRM" = Managing Men	iber : Fr
MGRM	Sandhaus Electronics LLC
	1420 Hales Hollow Drive
	Dunedin, FL 34698
MGRM	Jeff T. Pound
	9232 80th Ave N
	Seminole, FL 33777
	Seminole, LL 33777
MGRM	Spectrecology LLC
	1104 Pinehurst Road
	Dunedin, FL 34698
•	•
LE V: Effective date, if othe fective date is listed, the date	r than the date of filing: July 1, 2009 . (OPTIC e must be specific and cannot be more than five business
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