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DEPT. OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG 20 2003

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Collaborative Lighttechnique, 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:

Saskia M. Kok-Tricomi  
(Name of Person)

Collaborative Lighttechnique, LLC  
(Firm/Company)

7142 Davit Circle  
(Address)

Lake Worth, FL 33467  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Saskia M. Kok-Tricomi at ( 561 ) 964-6659  
(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:  
Collaborative Lighttechnique, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

7142 Davit Circle  
Lake Worth, FL 33467

#### Mailing Address:

7142 Davit Circle  
Lake Worth, FL 33467

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

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

Joseph C. Tricomi

Name

12274 Wedge Way


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

Boynton Beach FL 33437

City, State, and Zip

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HALL COUNTY, FLORIDA

*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

Saskia M. Kok-Tricomi

7142 Davit Circle

Lake Worth, FL 33467

MGRM

Joseph G. Tricomi

7142 Davit Circle

Lake Worth, FL 33467

(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.)

Saskia M. Kok-Tricomi

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SASKIA M. KOK-TRICOMI  
MEMBER OF CORPORATION  
FLORIDA