

# L03000033921

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (303)599-0839  
Fax Number : (305)716-0346

**LIMITED LIABILITY COMPANY**  
**LIGHTHOUSE, LLC.**

Certificate of Status	0
Certified Copy	1
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9-9-03

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **LIGHTHOUSE, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**1920 Aspen Lane, Weston, FL 33327.**

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

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

**ROBERTO GARCIA-PRINCE**

Name

**1920 Aspen Lane**

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

**WESTON FL 33327.**

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

ARTICLE III  
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**Article IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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.)

**ROBERTO GARCIA-PRINCE**

Typed or printed name of signer

**RAUL OLIVO-AREVALO**

19191 Cloister Lake Lane, Boca Isle North

Boca Raton, Fl 33498

(Member)

**LEOPOLDO MENDOZA-ALBAN**

19191 Cloister Lake Lane, Boca Isle North

Boca Raton, Fl 33498

(Member)

**ROBERTO GARCIA-PRINCE**

1920 Aspen Lane

WESTON, Fl 33327.

(Member)

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA