

L04000007534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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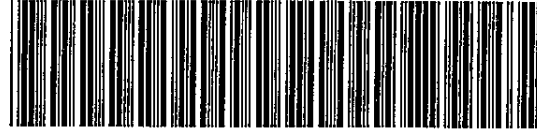
(Business Entity Name)

(Document Number)

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W 01/28/04

Lightsn' Beyond

Store Location: Old Town ~ 5770 West Ito Bronson Memorial Highway #223, Kissimmee FL 34746

Office / Shipping: 4221 Silver Pine Street, Kissimmee FL 34746

Phone: 800 574-4231 / Fax: 407 931-0277 / E Mail: lightsnbeyond@aol.com

1/14/04

To; Florida Dept. Of State

Re: LLC

Please acknowledge our LLC application.

Please send confirmation to : Mike Connis 4221 Silver Pine Street, Kissimmee, FL 34746

Thanks!!!

Mike Connis

You can reach me -Mike, cell-407-353-8057 H- 407-931-2220 Fax 407-931-0270

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lights beyond, LLC

ARTICLE II - Address:

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

Principal Office Address:

Lights beyond
577 W. IRLB Mem. Bronson Hwy.
Kiss. FL 34747

Mailing Address:

Lights beyond
4221 Silver Pine St
Kissimmee, FL 34748

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

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

Michael Annis
Name
4221 Silver Pine St
Florida street address (P.O. Box **NOT** acceptable)
Kissimmee FLORIDA 34746
City, State, and Zip

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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, Florida Statutes..

Michael Annis
Registered Agent's Signature

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:

MGR

Michael Connis

4221 Silver Pine St

Kiss. FL 34746

MGRM

Louis Gossett

2715 Ham Brown Rd

Kiss. FL 34746

MGRM

Daniel Orser

2715 Ham Brown Rd

Kiss, FL 34746

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael Connis

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.)

Michael Connis

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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