604000028203

(Requestor's Name)			
(toquotato rumis)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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04/05/04--01052--024 **168.75



LOU-38203



from the Desk of:

Ripley Garland Thursday, April 01, 2004

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314



I am applying for registration of a (Single member, LIMITED LIABILITY COMPANY) under the name of LIGHTHOUSE GIFTS, LLC.

I know by your records that the name previously existed but is shown as (inactive), Administratively Dissolved, therefore should now be available. (Please see attached copy).

If for some reason it cannot be used I would like; LIGHTHOUSE GIFTS of FLORIDA, LLC. but preferably the first.

I am a single owner, (without employees) but elect to be taxed as an individule. My primary business will be manufacturing and selling to retail dealers that will be collecting tax from the consumer, however as I read in your instructions I will need to register for a Sales Tax coupon kit after I get approval on this name for that possibility of selling to a dealer that might have let there annual certificate lapse, and also to be able to pay tax on supplies purchased from out of state where there wasn't any tax paid. Is that correct?

I would also like to, (Request a certified copy of the Corporate Document as described) for the additional fee of \$8.75, making a total of \$168.75, with check enclosed.

Thank you,

Respectfully yours,

Ripley A. Garland

TRANSM ITTAL LETTER

TO:	Registration Section Division of Comporations		
ŞU B JE	LIGHTHOUSE GIFTS, LLC		
	(N am e of L in ited L iability C om pany)		
The en	nclosed Articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	RIPLEY A. GARLAND		
(Name of Person)			
LIGHTHOUSE GIFTS, LLC			
	(Firm Company)		
	3* 825 WILLOW COURT (Address)		
	MARCO ISLAND, FI 34145 City/State and Zip Code)		
Forfu	orther in form ation concerning this m atter, please call:		
RIPLE	EY A. GARLAND at (877) 299 1907		
	(A rea Code & Daytim e Telephone Number)		

STREET ADDRESS: Registration Section Division of Corporations 409 E.Gaines Street Tallahassee, Florida 32399 M A IL ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 * MPR -5 PM 1:51

ARTICLESOFORGANIZATION FOR FLORIDALIM ITED LIABILITY COM PANY

ARTICLE I-Name:

The name of the Limited Liability Company is:				
Lighthouse GiFts, Lip	1. Ted LiabiLity Company			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
PrincipalO ffice Address:	M ailing Address:			
825 WILLOW COURT, MARCO ISLAND, FL 3 4145	825 Willow Court			
	MARCO IS LAND FL			
	34145			
ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
Ripley A. GARLAND				
825 W. LLOW COUYT. MARCO ISLAND FL 34/95 Florida street address (P.D. Box NOT acceptable)				

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

City, State, and Zip

MARCO ISLAND, 34145

registered agent as provided for in Chapter 608, Florida Statutes...

Registered A gent's Signature

FLORIDA

Pagelof2 (CONTINUED)

RIPLEY A. GARLAND

(U se attachm entifnecessary)

Title:

"MGR" = Manager

"MGRM" = Managing Member

ARTICLE IV-M anager(s) or M anaging M em ber(s):

The name and address of each ManagerorManaging Memberis as follows:

Name and Address:

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

REQUIRED SIGNATURE:

Signature of a m en ber or an authorized representative of a m em ber.

(In accordance with section 608.408 (3), Florida Statutes, the execution of this docum ent constitutes an affirm ation under the penalties of perjury that the facts stated herein are true.)

Filing Fees:

\$100.00 Filing Fee for A rticles of O rganization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 C ertificate of Status (O ptional)