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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 9, 2004

ASTRID LOPEZ 17620 ATLANTIC BLVD., ROOM 318 SUNNY ISLES, FL 33160

SUBJECT: FLASHING COLOR LIGHTS L.L.C.

Ref. Number: W04000030254

We have received your document for FLASHING COLOR LIGHTS L.L.C. 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 must appear article I.,

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 704A00049301

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Division of Compressions - P.O. BOY 6327 - Tallahaggaa, Florida 22214

### TRANSMITTAL LETTER

FO: Registration Section Division of Corporations	
SUBJECT: FLASHING COLOR LIGHTS L.L.C	
(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:	
Anthin Long 7	
ASTRID LOPEZ	
(Name of Person)	
}	
FLASHING COLOR LIGHTS L.L.C	
(Firm/Company)	
17620 ATLANTIC BLVD. ROOM 318	
(Address)	
SUNNY ISLES,FL.33160	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
ASTRID LOPEZat ( 305	
(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

The name of the Limited Liability Company is	
FLASHING COLOR LIGHTS L.L.C	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
ASTRID LOPEZ	17620 ATLANTIC BLVD # 318
	SUNNY ISLES,FL 33160
	registered agent are:
The name and the Florida street address of the	registered agent are:
The name and the Florida street address of the ASTRID LOPEZ	registered agent are:
Nam 17620 ATLANTIC BLVD, #3	e registered agent are:
The name and the Florida street address of the  ASTRID LOPEZ  Nam  17620 ATLANTIC BLVD, #3	e registered agent are:

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.

Page 1 of 2 (CONTINUED)

Registered Agent's Signatur

The name and address of each Manager of	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ASTRIQ LOPEZ
	<u> </u>
<del></del>	<u>.</u>
(Use attachment if necessary)	SECRETALLAN
	added if an effective date is requested Find Honard
REQUIRED SIGNATURE:  Signature of a member or an au	thorized representative of a member.
(In accordance with section 608.4	108(3), Florida Statutes, the execution Tirmation under the penalties of perjury

ARTICLE IV- Manager(s) or Managing Member(s):

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)