

L0400007115

2004 SEP 28 P 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000041348470

09/28/04--01065--001 **160.00

(Requestor's Name)

(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:

ALL

Office Use Only

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Light Inersion, LLC
(Name of Limited Liability Company)

2004 SEP 28 P 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicola Grace
(Name of Person)

(Firm/Company)

650 NE 64th Street, # 6-210
(Address)

Miami, FL 33138
(City/State and Zip Code)

For further information concerning this matter, please call:

Grace, Nicola at (305) 757-8919
(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

FILED

2004 SEP 28 P 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Light Inersion, LLC

ARTICLE II - Address:

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

Principal Office Address:

650 NE 64th Street #6-210

Miami 33138

Mailing Address:

650 NE 64th St. #6-210

Miami 33138

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

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

Luis Henry Castro

Name

919 Hillcrest Dr. #504

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

Hollywood

FLORIDA

33021

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, Florida Statutes..

X



Registered Agent's Signature

FILED

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

The name and address of each Manager or Managing Member is as follows:

2004 SEP 28 P 2: 11

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Nicola Grace
650 N.E. 64th Street, # 6-210
Miami, FL 33138

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

x Nicola Grace

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.)

Nicola Grace

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)