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TRANSMITTAL LETTER

TO: Registrat Division								
SUBJECT: NO	RTHERI	N LIGHTS CONSTRUCT (Name of Limite			.C.		,	
The enclosed Arti	cles of O	rganization and fee(s) are s	ubmitted for fil	ing.				
Please return all c	orrespon	dence concerning this matte	er to the followi	ng:				
		RICHARD K. THIBA		*************************************		-		
		()	Name of Person)					
	LAV	OFFICES OF RICHAR	D K. THIBAUL	.T, P.A.		TAL!	ρ¢	
		(Firm/Company)			AH.	pc.	-
						ASS	04 pcT 25 PM 12: 21	(-463 5-
		2200 N. PONCE DE LEC		ITE 2			P	Į.
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						SEE FLORIDA	2	
-		ST. AUGUSTINE,		1-)		₹,		
		(City)	State and Zip Co	de)				
For further inform	ation cor	cerning this matter, please	cali:					
DICHARD K TH	!:D A 11 T	F00	004	840 0444				
RICHARD K. TH	(Name of		at (904 (Area Co		lephone Numl	ber)		
		,	(-11111-1	2				
Enclosed is a che	eck for the	ne following amount:						
\$125,00 Filing		3 \$130.00 Filing Fee & Certificate of Status	S155.00 Certified Co	ру	S160.0 Certificate Certified (additional c	e of Stati Copy	us &	
I I	Registrati Division	ADDRESS: on Section of Corporations tines Street		MAILING AI Registration So Division of Co P.O. Box 6327	ection orporations			

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Company	/ is:				
NORTHERN LIGH	TS CONSTRUCTION & DEV	ELOPMENT, L.L.C.				
ARTICLE II - A The mailing addr		e principal office of the Limited I	Liability Com	pany is:		
Principal Office Address: 30 OCEAN WOODS DRIVE EAST		Mailing Address:				
		SAME				
ST. AUGUSTINE,	FL 32080					
The name and the	e Florida street address of t	MOYER	OL OCT SELVE TALLAH			
		ame	T 25 HASS	Service Servic		
		DDS DRIVE EAST t address (P.O. Box NOT acceptable)	SEE.	'n		
	ST. AUGUSTINE 32080	t address (F.O. Box <u>NOT</u> acceptable)	12. Z. X.	Ö		
		ate, and Zip	- 21 21 21			
liability comp registered agent statutes relating	any at the place designated and agree to act in this cape g to the proper and complet	to accept service of process for the in this certificate, I hereby accept a acity. I further agree to comply with e performance of my duties, and I a registered agent as provided for in	the appointme th the provisio am familiar wi	rnt as ons of al ith and		

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	AARON R. MOYER 30 OCEAN WOODS DRIVE EAST ST. AUGUSTINE, FL 32080	 	
		<u> </u>	
-		_ _ _	
(Use attachment if necessary)		_ _ _	
-	t be added if an effective date is requeste∉		
REQUIRED SIGNATURE: Signature of a member	and Mayer (Mark)	04 OCT 25 PM 12: 2	
(In accordance with se of this document const that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	: 21	
	VARON R. MOYER Very ped or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLE V - Commencement of Limited Liability Company

The Limited Liability Company shall commence upon the filing of these Articles of Organization and shall have perpetual existence thereafter. The dissolution of the Limited Liability Company shall only occur by the existing manager's decision. Upon the death of the existing manager the Limited Liability Company shall be dissolved.

ARTICLE VI - Delegation of Rights and Powers to Manage

The power to manage may only be delegated to others upon a majority vote upon the existing manager's approval.

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