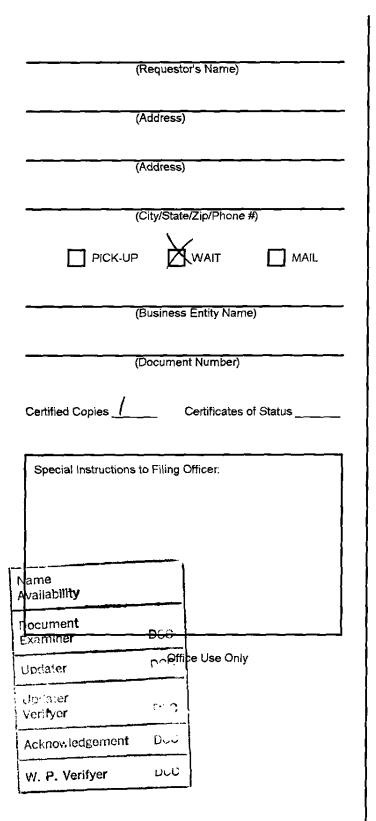
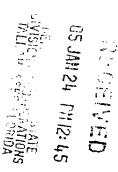
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## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor						
SUBJECT: T+m all about Lights + Fans LLC (Name of Limited Liability Company)						
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Timmy W	leeKs Name of Person)	· · · · · · · · · · · · · · · · · · ·			
	(F	Firm/Company)				
3909 Reserve Or apt. 1313						
Tallahassee 1-1 32311 (City/State and Zip Code)				DOS JAN 24 PM 1:00		
For further information concerning this matter, please call:						
(Name	of Person)	at () (Area Code & Daytime Te	lephone Number)			
Enclosed is a check for	r the following amount:					
<b>51</b> \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fit Certificate of St Certified Copy (additional copy is	atus &		
STREET ADDRESS: Registration Section Division of Corporations		MAILING AI Registration So Division of Co	ection			

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
THE ALL About Lights + Fans LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
0 0 1 1212
3909 Keserve Dr apt. 1313
Tallahassee, F-L 32311
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Name Name
Name  3909 Reserve Dr Opt 1313  Florida street address (P.O. Box NOT acceptable)
Tallahassee FI 72311

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, F.S..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member  MSIPM	Timmy Meeks 3909 Reserve Dr. Go Tallahassee, F-L 32311	— <del>[</del> ]3	13	
		<u> </u>		
(Use attachment if necessary)	added if an affactive date is requested	ALAHASSE	2005 JAN 24 PH	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.	of STATE E. FLORIDA	PH 1: 00	C
(In accordance with section	an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)			

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)

Typed or printed name of signee