(050000) 27270

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		3/18
 	Office Use Only	JUST



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
SUBJECT: hereid Phoenia Industries LLC (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:				
Michael H. Gandwere (Name of Person)				
Lucid Phoenix Industries LLC (Firm/Company)				
3959 Van Dyke Rd. Suite 246 (Address)				
Lutz, FL 33188 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Michael H Gandwore at (813) 810-2367 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lucid Phoenix In	dustries LLC
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3514 W. Arch St. Tampa, FL 33612	3919 VONDYKE Rd., 5+0246 Lutz, FL 33178
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Michael II Name	Gradien
3474 W. A.	zeh . 87
Florida street addr	ess (P.O. Box NOT acceptable)
Thups, The City, State, ar	10 Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member	, ,	
MGR	MICHAUL H GARDIN 35/4 W. Arch St Tomps, FL 30612	'b'.
		
(Use attachment if necessary)		
•	ust be added if an effective date is requeste	ed.
REQUIRED SIGNATURE:		2005
mas.	1 -	المراجعة ال المراجعة المراجعة ال
	mber or an authorized representative of a member.	
of this document c that the facts sta	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)	MESHAR 17 MIH:
Micha	Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fees:

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

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

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

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