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## TRANSMITTAL LETTER

Registration Section Division of Corporations
SUBJECT: LUCAS COATINGS, LLC (Name of Littled Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julie Hough (Name of Person)
(Name of Person)
(Firm/Company)
(Philix Company)
1690 S.W. 23rd Street
(Address)
Fort Lauderdale, FL 33315 (City/State and Zip Code)
For further information concerning this matter, please call:
Julie Hough 309-1960
JWIC HOV6H at (954) 309-1960  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Bisson Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Lucas Coatings, LLC	<del></del>			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
8451 N.W. 25th Ct. Sunrisc   FL 33322	8451 N.W. 25th Ct. Sunrisc , FL 33322			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r				
Kyle Hough	-			
8451 N.W. 25 Florida street add	ith Ct.  Bress (P.O. Box NOT acceptable)			
Sunrise	FL 33322			
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	and Zip accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Registered Agent's Signature

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Kylc Hough 8451 N.W. 25th Ct. Sunrisc, FL 33322
MGRM	Duane Hough 1690 S.W. 23rd St. Fort Lauderdale, Fl 33315
· ·	:
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituted that the facts stated here.)	ion 608,408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
Kyle L. Type	Hough ad or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ: of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ization and Designation