

LO5000080661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

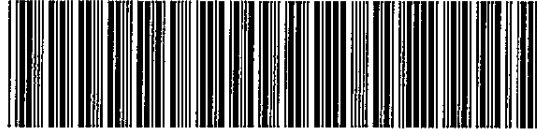
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/17/05--01001--017 **130.00

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05 AUG 16 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 16 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lux, 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:

Matthew Busch
(Name of Person)

(Firm/Company)

3428 Robinhood Rd
(Address)

Tallahassee, FL 32312
(City/State and Zip Code)

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05 AUG 16 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Matthew Busch at (850) 566-4060
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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:

LUX, LLC

ARTICLE II - Address:

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

Principal Office Address:

618 NW 2nd Street
Gainesville, FL 32601

Mailing Address:

LUX, LLC
618 NW 2nd Street
Gainesville, FL 32601

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

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

SCOTT WRIGHT
Name

618 NW 2ND STREET
Florida street address (P.O. Box NOT acceptable)

GAINESVILLE, FL 32601
City, State, and Zip

FILED
05 AUG 16 PM 4:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

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..

SCOTT WRIGHT
Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attached

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

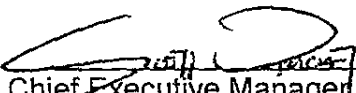
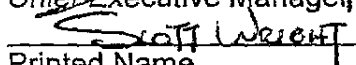

Typed or printed name of signee

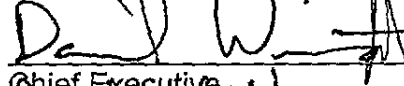
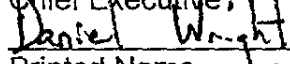
Filing Fees:

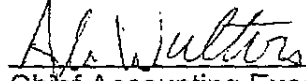
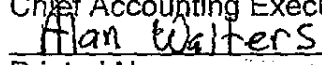
- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**


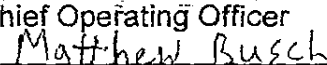
**LIMITED LIABILITY COMPANY OPERATING AGREEMENT
FOR LUX, L.L.C.
LISTING OF MANAGERS**


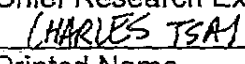
By a majority vote of the Members the following Managers were elected to operate the Company pursuant to ARTICLE 4 of the Agreement:


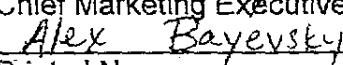

Chief Executive Manager

Printed Name
618 NW 2nd STREET
Address Line 1
GAINESVILLE, FL 32601
Address Line 2


Chief Executive,

Printed Name
11019 NE State Rd 26
Address Line 1
Gainesville, FL 32641
Address Line 2


Chief Accounting Executive

Printed Name
2293 Omnis Loop
Address Line 1
Tallahassee, FL 32303
Address Line 2


Chief Operating Officer

Printed Name
3428 Robinhood Rd.
Address Line 1
Tallahassee, FL 32312
Address Line 2


Chief Research Executive

Printed Name
8377 TAMAR DR. APT. 643
Address Line 1
COLUMBIA, MD. 21045
Address Line 2


Chief Marketing Executive

Printed Name
266 Sturgeon Dr.
Address Line 1
Tallahassee FL 32312
Address Line 2

The above listed Manager(s) will serve in their capacities until they are removed for any reason by a majority vote of the Members as defined by ARTICLE 4 or upon their voluntary resignation.

Signed and Agreed this 10th day of August, 2005.

Member Cannon Akhavan

Member 

Member Robin D. Brewer

Member _____