

L06000038503

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000097579 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FILED
06 APR 12 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Lumscribe LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
06 APR 12 PM 4:12
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H06000097579 3

**ARTICLES OF ORGANIZATION
OF
Lumescribe LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Lumescribe LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 780 Fisherman Street, Suite 316, Opa-Locka, Florida 33054.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Lee Mertins, 780 Fisherman Street, Suite 316, Opa-Locka, Florida 33054


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

FILED
06 APR 12 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H06000097579 3

FAX AUDIT # H06000097579 3

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Lumscribe LLC**

The name and address of the registered agent and office is Business Filings Incorporated,
1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in
the County of Leon.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

Mark Schiff, AVP

Date: April 12, 2006

FILED
06 APR 12 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H06000097579 3