L06000101439

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Address) | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | • #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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10/17/06--01014--023 **160.00

SEGRETARY OF STATE OF CORPORATIONS

J. BRYAN: OCT 1 8 2006

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Lighth | ouse Managemen | t Group, LLC | | |
|---|---|--|-------------|--|
| | | d Liability Company) | 06 OCT 17 | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | | | | |
| Glenn Bro | och | | | |
| | | Name of Person) | | |
| | | | | |
| | (| Firm/Company) | | |
| 4500 Lin | coln St | | | |
| | | (Address) | | |
| Hollywoo | od, FL 33021 | | | |
| | (City | State and Zip Code) | | |
| For further information | concerning this matter, please | call; | | |
| Jonathan Broc | h | at (954) 224-9052 | | |
| (Name | of Person) | at (954) 224-9052 (Area Code & Daytime Telephone Number | a) | |
| Enclosed is a check for | or the following amount: | | | |
| ☐ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Certified Copy Certificate (additional copy is enclosed) Certified Conditional co | of Status & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the | | | |
|------------------------|--|--|-----|
| | Limited Liability Com | pany is: | |
| | | | |
| Lighthouse Ma | nagement Group, L | ıc § | 穀 |
| (Must end with the wor | rds "Limited Liability Compar | ny, "Limited Company" or their abbreviation "LLC," or "L.C.,") | 45 |
| | | لمست | 500 |
| ARTICLE II - A | Address: | <u> </u> | . [|
| The mailing addr | ess and street address of | of the principal office of the Limited Liability Company | s: |
| Principal Office | Address: | pany is: LC ny, "Limited Company" or their abbreviation "LLC," or "L.C.,") of the principal office of the Limited Liability Company Mailing Address: | |
| 4500 Lincoln St | | 4500 Lincoln St | |
| Hollywood, FL 33 | 3021 | Hollywood, FL 33021 | |
| | | | |
| | . 1741 - 1.11 | Etha maalatamad maantamaa | |
| The name and the | | s of the registered agent are: | |
| The name and the | Glenn Broch | Name | |
| The name and the | | | |
| The name and the | Glenn Broch 4500 Lincoln St | | |
| The name and the | Glenn Broch 4500 Lincoln St | Name | |
| The name and the | Glenn Broch 4500 Lincoln St Florida Hollywood | Name street address (P.O. Box <u>NOT</u> acceptable) | |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem | Name and Address: ber |
|--|---|
| MGRM | Glenn Broch 4500 Lincoln St Hollywood, FL 33021 |
| MGRM | Jonathan Broch 1842 NW 74th Way Pembroke Pines, FL 33024 |
| MGRM | Matthew Broch 2180 NW 76th Terr. Pembroke Pines, FL 33024 |
| | than the date of filing: (OPTIONAL) |
| n effective date is listed, the date 90 days after the date of filing. | e must be specific and cannot be more than five business days prior) |
| REQUIRED SIGNATURE | |
| Signature of | L Burk [a member or an authorized representative of a member. |
| of this docur | ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein 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)

Glenn Broch

Typed or printed name of signee