10700079313

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	ש	n a

Office Use Only



600106904976

07/31/07--01029--018 **155.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration So Division of Co				
SUBJECT: Night		and Landscape De	esign	
The enclosed Articles o	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
Eric A Ju	ris		,	
•	((Name of Person)		
Night Ele	gance Lighting ar	nd Lanscape Desig	gn	
		(Firm/Company)		
2411 S.E	E. 22nd Place			
 		(Address)		
Ocala Fl	33471		•	
	(City	/State and Zip Code)	SE ALL	
For further information	concerning this matter, please	call:	CRETAILLAHAS	
	, , , , , , , , , , , , , , , , , , ,		∽	
Eric Juris	e of Person)	at (<u>440</u>) <u>554-45</u> (Area Code & Daytime To		
(Tallie	of reisony	(ruca code de Dayanie 1)	LORI LORI	ſ
Enclosed is a check for	or the following amount:		A dil	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:		
Night Elegance Lighting and Landscape (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Li	<u> </u>	L.C.,")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liabil	ity Company	is:
Principal Office Address:	Mailing Address:		
2411 S.E.22nd Place Ocala Fl 34471	Same as Principal		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)			8 1
The name and the Florida street address of the	registered agent are:	L 31 ETAR HASS	
Eric A Juris		m~ m _c ~	<u></u>
Name	•	PM 4 of 81	F===3
2411 S.E. 22nd Place		L: 19 STATE LORIDA	-
Florida street ad	ldress (P.O. Box NOT acceptable)	>	
Ocala	FL 34471		
City, State,	and Zip		

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

III ACCIDII - 3 A	Name and Address:			
"MGR" = Manage				
"MGRM" = Mana	ging Member			
"MGR"	Eric A Juris			
	2411 S.E. 22nd Place	_		
	Ocala FI 34471			
"MGRM"	Christina Brady			
	2411 S.E. 22nd Place			
	Ocala FI 33471			
		· · · · · · · · · · · · · · · · · · ·		
(Use attachment if	necessary)	-		
·		OPTION	AL)	
CLE V: Effective da	ate, if other than the date of filing: (rior
CLE V: Effective da	ate, if other than the date of filing: (ed, the date must be specific and cannot be more than five bu			rior
CLE V: Effective da effective date is liste	ate, if other than the date of filing: (ed, the date must be specific and cannot be more than five bu			rior
CLE V: Effective da effective date is liste 00 days after the dat	ate, if other than the date of filing: (ed, the date must be specific and cannot be more than five but e of filing.)			rior
CLE V: Effective da effective date is liste	ate, if other than the date of filing: (ed, the date must be specific and cannot be more than five but e of filing.)			rior
CLE V: Effective da effective date is liste 0 days after the dat	ate, if other than the date of filing: (ed, the date must be specific and cannot be more than five but e of filing.)			rior
CLE V: Effective da effective date is liste 00 days after the dat	ate, if other than the date of filing: (ed, the date must be specific and cannot be more than five but e of filing.)			rior
CLE V: Effective da effective date is liste 00 days after the dat <u>REQUIRED</u> SIG	ate, if other than the date of filing: (ed, the date must be specific and cannot be more than five but e of filing.)			rior
CLE V: Effective da effective date is liste 00 days after the dat <u>REQUIRED</u> SIG	nate, if other than the date of filing: (ed., the date must be specific and cannot be more than five but the of filing.) NATURE: Signature of a member of an authorized representative of a member.			on pa
CLE V: Effective da effective date is liste 00 days after the date REQUIRED SIG	nate, if other than the date of filing:			rior
CLE V: Effective da effective date is liste 00 days after the date REQUIRED SIG	nate, if other than the date of filing:		07 JUL 31	
CLE V: Effective da effective date is liste 00 days after the date REQUIRED SIG	nate, if other than the date of filing:			
CLE V: Effective da effective date is liste 00 days after the date REQUIRED SIG	nate, if other than the date of filing:		07 JUL 31	on pa

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)