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(Red	questor's Name)	
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DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ЕСТ:	[HE LICHT HE (Name of Limit	ed Liability Company)	<u></u>
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	SA	ANDRA LICHT	(Name of Person)	
			(Name of Person)	
		<u> </u>	(Firm/Company)	
	124 8	ENAIL AVE		
	<u>: (4), (, _ &</u> _		(Address)	
	E- m	- (0 . T. 2:	(Address) 25 48 y/State and Zip Code)	
	71 WALT	Cit	xy/State and Zip Code)	
		·	•	
For fur	ther information	concerning this matter, please	e call:	
5	ANDRA L	1047	at (850) 243-217	,
	(Name	e of Person)	(Area Code & Daytime Telephon	e Number)
		or the following amount:		
□\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S16 Certified Copy Ce (additional copy is enclosed) Ce (additional copy is enclosed)	rtificate 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

ARTICLE I - Name:			
The name of the Limited L	ability Company is:		
THE LICHT	HOUSES L	ty Company, "L.L.C.," or "LLC.")	
(Must end with	the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the pr	incipal office of the Limited Li	ability Company is:
Principal Office Address:		Mailing Address:	
124 BENACE AVE Fr. WALTON BCH, 1	1- 32548	124 BENARR AVE FT. WALTON BCH, FL	32548
ARTICLE III - Registered (The Limited Liability Company car business entity with an active Flori	mot serve as its own Registe	Office, & Registered Agent's ered Agent. You must designate an indivi	Signature: dual or another
The name and the Florida s	treet address of the re	egistered agent are:	
54	NOCA LICHT		
	Name		
/a	24 BENARR A	W.	
-		ress (P.O. Box NOT acceptable)	
Fr	WALTON BOH	FL 32598	· · · ·
	City, State, a	nd Zip	
liability company at the registered agent and agree statutes relating to the proaccept the obligations of	place designated in the to act in this capacity oper and complete per	accept service of process for the accept servicate, I hereby accept the I further agree to comply with formance of my duties, and I and tered agent as provided for in Company i	e appointment as the provisions of all n familiar with and

(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:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
THE THE PROPERTY OF THE PROPERTY OF		
MGR	Sandra Licht	_
	124 Benarr Ave	_
· · · · · · · · · · · · · · · · · · ·	Ft. Walton Beach FL 32548	_
MGRM	John Licht	
	124 Benarr Ave	_
	Ft. Walton Beach FL 32548	→
	1 i. Watton Boddy 1 i. J. J. J. J.	
· · · · · · · · · · · · · · · · · · ·		_
		_
(Use attachment if necessary) LE V: Effective date, if other than the	he date of filing: (OPTI-	
LE V: Effective date, if other than the	he date of filing: (OPTI- be specific and cannot be more than five busines	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	he date of filing: (OPTI- be specific and cannot be more than five busines:	
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