

L0800000/8089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 FEB 19 PM 3:16

W08-5835

G. MCLEOD

FEB 20 2008

EXAMINER

**Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051**

**January 23, 2008**

**RE: Filing Articles of Incorporation**

**To Whom It May Concern:**

**Please accept our filing for Articles of Incorporation and a  
check for the filing fees and accompanying optional  
documents**

**Our contact information is as follows:**

**Lucid Solutions, LLC.  
633 Clayton Street  
Orlando, FL 32804  
407-718-1874  
Contact: Mark Aylward**

**Sincerely**

A handwritten signature in black ink, appearing to read 'Mark Aylward', with a stylized, cursive script.

**Mark Aylward**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TECHNICAL  
LUCIO SOLUTIONS, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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DIVISION OF CORPORATION  
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**ARTICLE II - Address:**

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

**Principal Office Address:**

633 CLAYTON STREET  
ORLANDO, FL  
32804

**Mailing Address:**

633 CLAYTON STREET  
ORLANDO, FL 32804

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name MAURICIO FELDMAN  
3155 SW 128TH WAY

Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR, FL 33027  
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)

**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:**

MANAGER

MARK AYLWARD  
633 CLAYTON ST  
ORLANDO, FL 32804

MANAGER

JAMES AYLWARD  
32 BLUEBERRIES RIDGE  
WESTFIELD, MA 01085

MANAGER

MAURICIO FELDMAN  
3155 SW 128TH WAY  
MIRAMAR, FL 33027

MANAGER

JEFF JACKSON  
127 HIGHWAY 22 EAST CONDO 123  
MADISONVILLE, LA 70447

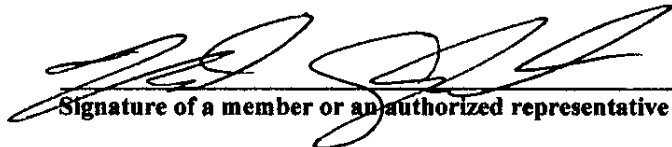
(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:**

**.(OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)

MARK AYLWARD  
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)**