

LD8000027250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status 1

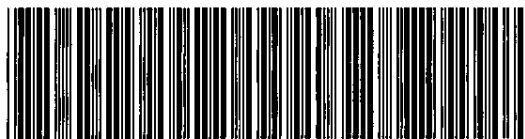
Special Instructions to Filing Officer:

L. SELLERS

MAR 17 2008

EXAMINER

Office Use Only



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RECEIVED

08 MAR 17 PM 12:49

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 MAR 17 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LuminEssence LLC *Change by Design*

Suzanne J. Ebbers, Ph.D., President/C.E.O.
P.O. Box 1362
Tallahassee, FL 32302

PH: (850) 445-6303 **EMAIL:** ebbers@changebydesign.us

March 17, 2008

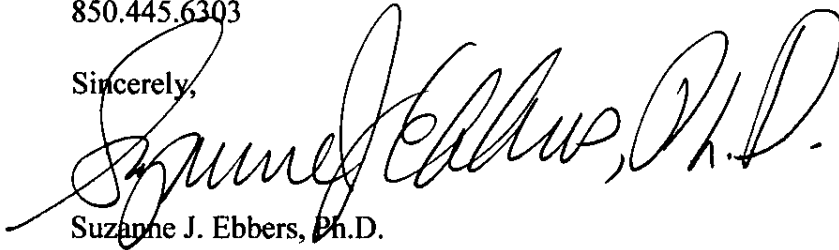
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

This is to certify that Suzanne J. Ebbers, Ph.D. is the President and C.E.O. of LuminEssence LLC Change by Design. Her mailing address and daytime phone number are:

P.O. Box 1362
Tallahassee, FL 32302
850.445.6303

Sincerely,

A handwritten signature in black ink, appearing to read 'Suzanne J. Ebbers, Ph.D.', is written over the printed name. The signature is fluid and cursive, with the first name 'Suzanne' being the most prominent part.

Suzanne J. Ebbers, Ph.D.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LuminEssence LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne J. Ebbers, Ph.D.

(Name of Person)

LuminEssence LLC Change by Design

(Firm/Company)

P.O. Box 1362

(Address)

Tallahassee, FL 32302

(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne J. Ebbers

(Name of Person)

at (850) 445-6303

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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 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 Liability Company is:

LuminEssence LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2906 Cross Creek Court

Tallahassee, FL 32301

Mailing Address:

P.O. Box 1362

Tallahassee, FL 32302

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:

Suzanne J. Ebbers, Ph.D.

Name

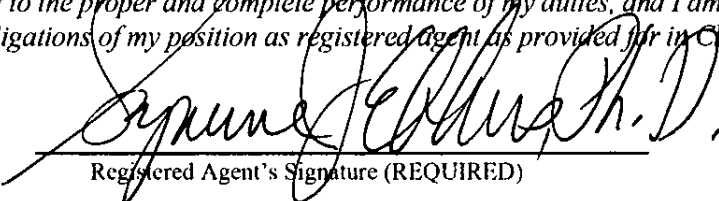
2906 Cross Creek Court

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

Tallahassee, FL 32301

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

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TALLAHASSEE, FLORIDA

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:

MGR

Suzanne J. Ebbers, Ph.D.

2906 Cross Creek Court

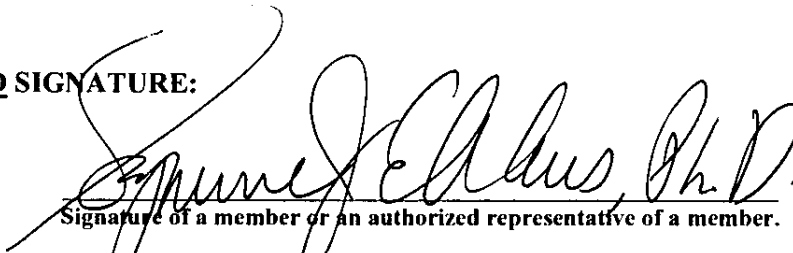
Tallahassee, FL 32301

(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.)

Suzanne J. Ebbers, Ph.D.

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)

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TALLAHASSEE, FLORIDA