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COVER LETTER

TO:

Registration Section
Division of Corporations

LUCGAZ LLC SUBJECT: (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: **LUC GAYOT** (Name of Person) LUCGAZ Inc (Firm/Company) **505 NE 125 STREET** (Address) 86 **MIAMI FLORIDA 33161** (City/State and Zip Code) For further information concerning this matter, please call: LUC GAYOT (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & **✓**\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
	Lucgaz LLC
(Must end with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
505 NE 125 STREET	505 NE 125 STREETL
MIAMI FLORIDA 33161	MIAMI FLORIDA 33161
The name and the Florida street address and the Florida street	ess of the registered agent are: LUC GAYOT Name NE 125 STREET ida street address (P.O. Box NOT acceptable)
	MI FLORIDA 33161
Having been named as registered age liability company at the place desig registered agent and agree to act in the statutes relating to the proper and co accept the obligations of my positi	City, State, and Zip ent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and ion as registered agent as provided for in Chapter 608, F.S

(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:

	Name and Address:	
"MGR" = Manager "MGRM" = Managing Mei	mber	
MGR	LUC GAYOT	
	505 NE 125 STREET	
	MIAMI FLORIDA 33161	
WB _{rit}		
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(Use attachment if necessar	y)	XI ICHEM
	y)	
CLE V: Effective date, if other effective date is listed, the da	er than the date of filing: 03/19/2008 PTION the must be specific and cannot be more than five business d	VAL.
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CLE V: Effective date, if other effective date is listed, the date of days after the date of filing REQUIRED SIGNATURE	er than the date of filing: 03/19/2008 F.C. OPTION te must be specific and cannot be more than five business decrease.	VAL
CLE V: Effective date, if other effective date is listed, the date to days after the date of filing REQUIRED SIGNATURE Signature of this documents of this documents.	er than the date of filing: 03/19/2008 Fig. OPTION the must be specific and cannot be more than five business dis.)	VAL.
CLE V: Effective date, if other effective date is listed, the date to days after the date of filing REQUIRED SIGNATURE Signature of this documents of this documents.	er than the date of filing: 03/19/2008 The must be specific and cannot be more than five business decreases. The property of a member or an authorized representative of a member. The property of the second control of	VAL

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)