

**L08000055108**

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Light Cure, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
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**J. BRYAN**

JUN - 5 2008

**EXAMINER**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Light Cure, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 214 South Ocean Blvd., Manalapan, Florida 33462


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

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

Mr. Gary Kosinski  
214 South Ocean Blvd.  
Manalapan, Florida 33462

*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

  
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.)

Gary Kosinski  
Typed or printed name of signee

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