

Jun 26 2009 12:37PM

Division of Corporations

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p. 1

Page 1 of 1

Florida Department of State  
Division of Corporations  
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**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC  
Account Number : 120080000067  
Phone : (845) 425-0077  
Fax Number : (345) 818-3588

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Smart Lighting LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

T. HAMPTON

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Smart Lighting LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

7578 Isle Verde Way

7578 Isle Verde Way

Delray Beach, FL 33446-4345

Delray Beach, FL 33446-4345

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

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

Vcorp Services, LLC

Name

7630 Lago Del Mar Drive Suite # 10

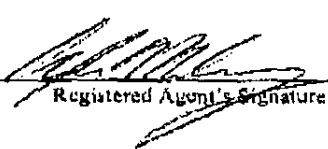
Florida street address (P.O. Box NOT acceptable)

Boca Raton

FLORIDA 33433

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, Florida Statutes..*

  
Registered Agent's Signature

**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

Stanley Deutsch

7576 Isle Verde Way

Delray Beach, FL 33446-4345

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

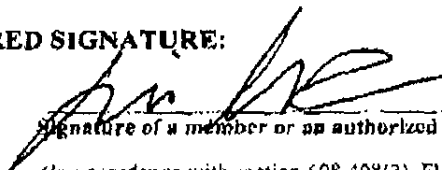
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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

Jazick Maldonado / Authorized Representative

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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