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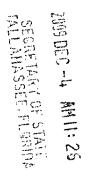
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name) .
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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T. CLINE

DEC - 7 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJI	ECT:	N	ew Er	a Lighting			
•		Name of Limit	ed Liabi	lity Company			•
The en	closed Articles o	f Organization and fee(s) are	submitte	ed for filing.			
Please	return all corresp	ondence concerning this mat	ter to the	e following:			
	·	Edu		Gonzalez			······································
			Name o	f Person			
		Ne		Lighting			
			Firm/Co	ompany			t-7
		1536 Trillo Avenue Address			A CONTRACTOR	2005 DEC -4	
						25 P	
		Coral	Gable	s, FL 33146		SSEE NY (
		City/State and Zip Code			アの	公司: 2	
		newera E-mail address: (to be used f	lighting	g@yahoo.com	· · · · · · · · · · · · · · · · · · ·	몽	<u></u>
E C -	d	•		annual report notification	,	1-	<u>.</u>
ror iur	ther information	concerning this matter, please	call:				
-	Eduard	lo Gonzalez	_ at (786	280-5754		
	Name	of Person		Area Code & Daytime To	elephone Numbe	er	
Enclos	sed is a check fo	or the following amount:					
_		\$130.00 Filing Fee & Certificate of Status	Cei	5.00 Filing Fee & rtified Copy litional copy is enclosed)	\$160.00 F Certificat Certified (additional	e of Sta Copy	tus &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons		

Tallahassee, FL 32301

· ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited	d Liability Company is:				
(Must end	New Era Lighting with the words "Limited Liability		.")		
ARTICLE II - Address The mailing address and	s: I street address of the princ	cipal office of the Limi	ted Liability C	ompai	ny is:
Principal Office Addre	ess:	Mailing Address:			
1536 Trillo Avenue Coral Gables, FL 331		536 Trillo Avenue Coral Gables, FL 331	46		
ARTICLE III - Registe (The Limited Liability Company business entity with an active I	ered Agent, Registered O cannot serve as its own Registered Florida registration.)	ffice, & Registered April Agent. You must designate a	gent's Signatu n individual or ano	dien	is an arman, and a second seco
The name and the Florid	la street address of the regi	stered agent are:	7.338 7.04	Ī	Acres 1
	Eduardo Gon:	zalez	50		Laria M
	Name		#OING	: 25	
	1536 Trillo Av	enue	·		
	Florida street address (P.O. Bo	x <u>NOT</u> acceptable)			
Со	ral Gables, FL 33146 _F	Ţ			
<u></u>	City, State, and 2				
** . *					

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Eduardo Gonzalez 1536 Trillo Avenue Coral Gables, FL 33146	
MGRM	Hivo Gonzalez 7821 Beachview Drive North Bay Village, FL 33141	2009 DEC
	71 ⁻¹	ARY OF S. A. I.
	late of filing: (specific and cannot be more than five bu	
ELP	or an authorized representative of a member.	
of this document constit	ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)	
that the facts stated here Charde Type	ed or printed name of signee	

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)