## 110000024927

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Charles (section at a Filing Office)				
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## **COVER LETTER**

Division of Co		
SUBJECT, Nance S	Southeast Lighting Sale	s II C
SUBJECT: INCHOOL		ed Liability Company
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.
Please return all corresp	ondence concerning this matt	ter to the following:
Christopher M	1. Nance	
<del></del>	· · · · · · · · · · · · · · · · · · ·	Name of Person
**************************************		Firm/Company
400 (4 11 0		
109 Kailyn Co	urt	Address
		Address
Niceville, FL 3	32578	
<del> </del>	Cit	y/State and Zip Code
tihalif@aol.com		
	E-mail address: (to be used to	for future annual report notification)
For further information	concerning this matter, please	e call:
Chris M. Nance		at ( 850 ) 685-2339
	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 - N The name of the	Limited Liability Con	mpany is:	
	ast Lighting Sales		
(	Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A		s of the principal office of the Limited Lia	ability Company is:
Principal Office	Address:	Mailing Address:	
109 Kailyn Court		109 Kailyn Court	
Niceville, FL 32578		Niceville, FL 32578	
business entity with an active Florida registration.)  The name and the Florida street address of the registration.  Chris M. Nance			F1L 10 MAR -4 SEURLTAR TALLAHASS
	Name		
109 Kailyn Court			FILED  R-4 AMII: 22  TART OF STATE HASSEE, FLORID
	Florid	da street address (P.O. Box NOT acceptable)	E SE
	Niceville	<sub>FL</sub> 32578	82 22
		City, State, and Zip	بج
liability com	pany at the place desig	ent and to accept service of process for the c gnated in this certificate, I hereby accept th his capacity. I further agree to comply with	e appointment as

ll

(CONTINUED) Page 1 of 2

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

4 ....

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

<u>Title:</u> "MGR" = Manage "MGRM" = Manage		Name and Address:	
MGR		Chris M. Nance	
	<del></del>	109 Kailyn Court	
		Niceville, FL 32578	
	_		
			<del></del>
	<del>_</del>		· · · · · · · · · · · · · · · · · · ·
And a second	_		·····
(Use attachment i	f necessary)		
ARTICLE V: Effective d (If an effective date is list to or 90 days after the da	ed, the date must be s	te of filing: $3/1/2010$ . (Opecific and cannot be more than five bus	OPTIONAL) siness days prior
<u>REQUIRED</u> SIG	SNATURE:		프를 <b>3</b>
	Chris T)	n. Vance	PTL 0 MAR -4 IEUTETARY
	Signature of a member o	r an authorized representative of a member.	
	of this document constitut	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	AMII: 2 ( OF STATEE, FLORRI
	that the facts stated herein	are true.)  1. MANCE	23 ATE RIDA
		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)