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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: |
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SECRETARY OF STATE TALLAHASSEE, FLORID,

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EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | • | |
|----------------|-------------------------------|---|--|---|
| SURIE | CT: Lighthou | use Consulting . | • | |
| 50202 | | | d Liability Company | |
| The en | closed Articles of | f Organization and fee(s) are | submitted for filing. | |
| Please | return all corresp | ondence concerning this matt | er to the following: | |
| | Daniel Lindse | у | | |
| | | | Name of Person | _ |
| | | | | _ |
| | | | Firm/Company | |
| | 1020 East Laf | fayette Suite 103 | <u> </u> | _ |
| | | | Address . | |
| | Tallahassee, | | | _ |
| | | Cit | y/State and Zip Code | |
| | | E-mail address: (to be used to | or future annual report notification) | _ |
| For fur | ther information | concerning this matter, please | e call: | |
| Danie | el Lindsey | | at (850)251-2906 | |
| | Name | of Person | Area Code & Daytime Telephone Number | |
| Enclo | sed 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 - Name: |
|---|
| The name of the Limited Liability Company is: |
| |
| Lighthouse Consulting LLC • • |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "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: |
| 1020 East Lafayette Suite 103 |
| Tallahassee, FL 32301 |
| |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
| The name and the Florida street address of the registered agent are: |
| Daniel Lindsey |
| , Name • |
| 1020 East Lafayette Suite 103 |
| Florida street address (P.O. Box NOT acceptable) |
| Tallahassee, FL 32301 FL |
| 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, F.S Registered Agent's Signature (REQUIRED) |

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| $^{\prime\prime}MGP^{\prime\prime}=Managar$ | . 182 | ame and Address: |
|--|--|--|
| "MGR" = Manager | | |
| "MGRM" = Managing | Member | |
| mgr | Da | niel Lindsey |
| | • — | 20 East Lafayette Suite 103 |
| | | lahassee, Ft 32301 |
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| LE V: Effective date, if fective date is listed, the | other than the date of e date must be speci iling.) | filing: (OPTION fic and cannot be more than five business da |
| LE V: Effective date, if fective date is listed, the days after the date of fective date. | other than the date of e date must be specifiling.) URE: | authorized representative of a member. |
| LE V: Effective date, if fective date is listed, the days after the date of fective date after the date of fective. REQUIRED SIGNAT Signat (In according to this date) | other than the date of e date must be specifiling.) URE: Ture of a member or an exercise with section 60 | authorized representative of a member. 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury |
| LE V: Effective date, if fective date is listed, the days after the date of fective date after the date of fective. REQUIRED SIGNAT Signate (In according to the start of th | other than the date of e date must be specifiling.) URE: Cordance with section 60 document constitutes and the facts stated herein are sel Lindsey | authorized representative of a member. 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)