Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. AMERICAN LIGHT FIXTURE, LLC.

Certificate of Status Certified Copy 1 Page Count 03

**Estimated Charge** 

\$155,00

Electronic Filing Menu

Corporate Filing Menu

T. PHAMPTON

SEP 2 9 2010

## H10000213612

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The many of the principal of the princip	
AMERICAN Light Fixture LLC.  (Must end with the words "Limited Liability Company, "L.L.C." or "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	s:

Principal Office Address:	Mailing Address:
7097 KW 50th st	7037 NW, 50th 57
7414M1, Fl. 33/66	MIAM, #1. 33/66

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:

1010 NW 41 st

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

City, State, and Zin

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 uct 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

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SECRETARY OF STATE
SIVISION OF CORPORATIONS

## H10000213612

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

1192	JONAS A. BELINASO 1010 4W 4154 MIAMI, FT. 33166
	_ 171761771 33188
•	
(Use attachment if necessary)	
LEV: Effective date, if other than t	the date of filing: (OPTIC
	t be specific and cannot be more than five business

REQUIRED SIGNATURE:

Signature of momber 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.)

WX45

yped or printed name of signce

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)

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