# L11000054999

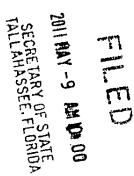
| (Re                     | equestor's Name)   |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
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| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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T. CLINE
MAY 10 2011

**EXAMINER** 



# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2011

KYLE LIGHTHISER 12859 101 WAY N LARGO, FL 33773

SUBJECT: WARRIOR ENTERPRISES LLC

Ref. Number: W11000022143

We have received your document for WARRIOR ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as for it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P10000066237.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 111A00009565

# **COVER LETTER**

Registration Section
Division of Corporations

TO:

| <sub>SUBJECT:</sub> Lighthise | er and Carroll E   | Enterprises, LLC  |  |
|-------------------------------|--|---|--|
|                               | Name of Limite   | d Liability Company   | · · · · · ·  |
| The enclosed Articles of Or   | ganization and fee(s) are s  | ubmitted for filing.  |  |
| Please return all correspond  | ence concerning this matte   | er to the following:  |  |
| Kyle Lighth                   | iser   |   |  |
|                               |  | Name of Person  |  |
|                               |  | Firm/Company  | <del></del>  |
| 40050 404 1                   | A/ A1  | Типисотрану   |  |
| 12859 101 \                   | way iv.  | Address   |  |
|                               |  | Addiess   | SEC  |
| Largo, FL 337                 |  |   | RE ARY<br>AHASSEI  |
|                               | ·  | /State and Zip Code   | -9<br>(\$5)  |
| kylelite@gmail                |  | or future annual report notification)   |  |
| For further information cond  | ·  | ·   | OF STATE FLORID  |
| Kyle Lighthiser               |  | at (727 \ 412-4391  | 7  |
| Name of Pe                    | erson  | Area Code & Daytime Telep   | hone Number  |
| Enclosed is a check for th    | e following amount:  |   |  |
|                               | 130.00 Filing Fee & Certificate of Status  | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| R<br>D<br>P                   | Mailing Address Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Court | ircle  |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | TCL  | Еl | - N | am  | e  |
|-----|------|----|-----|-----|----|
| The | name | Δf | the | Lir | ni |

The name of the Limited Liability Company is:

# Lighthiser and Carroll Enterprises, 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: |
|---------------------------|------------------|
| 12859 101 Way N.          | 12859 101 Way N. |
| Largo, FL 33773           | Largo, FL 33773  |
|                           |                  |

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:

| Kyle Lig | phthiser   | ALI     |
|----------|--|---------|
|          | Name   | ₽       |
| 12859    | 101 Way N.                                       | 1ASS    |
|          | Florida street address (P.O. Box NOT acceptable) | i.<br>K |
| Largo    | <sub>FL</sub> 33773                              | 71      |
|          | City, State, and Zip                             | LOKI    |

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..

(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     | Name and Address:   |
|-----------------------------------|---|
| "MGRM" = Managing Member          |   |
| MGRM                              | Kyle Lighthiser   |
|                                   | 12859 101 Way N.  |
|                                   | Largo, FL 33773   |
| MGRM                              | Shaun Carroll   |
|                                   | 12859 101 Way N.  |
|                                   | Largo, FL 33773   |
|                                   | SECRETARY<br>TALLAHASS  |
| (Use attachment if necessary)     | E.FLO   |
|                                   | date of filing: (OPTIONAL) as specific and cannot be more than five business days price |
| 0 days after the date of filing.) |   |
| 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kyle Lighthiser

Typed 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)