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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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EXAMINER

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то:	Registration Section Division of Corporations	•	and the second	. ***	. i'	
SUBJ	ECT: LTGHTNING	PROPERTIES	OF POVEL	AS,	LLC	
		Name of Limited Liab	bility Company			

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

		Name of Person	
MCONNEU +	RUSIGN	uvoco	
		Firm/Company	
9455 KOGER	BLVD	, STE 200	
		Address	
SADUT PETEN	BURG	FL 33702 City/State and Zip Code	
KNISS@M	BA H	NO.COM used for future annual report notification)	
E-mail a	ldress: (to be t	used for future annual report notification)	
er information concerning	this matter n	slease call:	

For f

Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ţ.,

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Lightning Properties of Pin Must end with the words "Limited Liabili	nellas, LLC ty Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8326 37 FL JUEN ST PETERSBURY, FL 33710	51m E
ST PETENSBURY, FL 33710	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
KRIS SIMON. Name	SEN
8326 37th A. Florida street add	ress (P.O. Box NOT acceptable)
<i>ST. PETENS BUNG</i> City, Sta	·
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as h. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and
accept the obligations of my position as regis	tered agent as provided for in Chapter 608, F.S
Kin Sine	rre (REOUIRED)
Registered Agent's Signatu	are (REQUIRED)
(CONTINI	UED)
Page 1 of 2	කිසි ම

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 - Wallaging Welliber	KRIS SAMONSON 8376 37M AVE N ST PETERSBURG, FL 33710
. 2.	
(Use attachment if necessary) ARTICLE V: Effective date, if other than If an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	Sm

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.)

KRIS SIMONSEN

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)