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| (Rec | uestor's Name) | |
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| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | . MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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Effective Date 113

13 JAN -8 PH 3: 28

JAN - 9 2013 T. HAMPTON

COVER LETTER

| TO: Registration Division of C | | : |
|--------------------------------|---|--|
| SUBJECT: Early L | ight Enterprises | |
| | Name of Limi | ited Liability Company |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. |
| Please return all corres | spondence concerning this mat | tter to the following: |
| Angeline Ma | anze | |
| | | Name of Person |
| Early Light I | Enterprises | |
| | | Firm/Company |
| 24 Buffalo N | Meadow Lane | |
| | | Address |
| Palm Coast | , FL 32137 | |
| - | Ci | ity/State and Zip Code |
| Earlylight58 | | for future annual report notification) |
| For further information | concerning this matter, please | • |
| | toneening and matter, prouse | c can. |
| Angeline Manze | | at (386) 445-6200 |
| Name | of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check t | for 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 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 JAN -8 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 28, 2012

ANGELINE MANZE 24 BUFFALO MEADOW LN PALM COAST, FL 32137

SUBJECT: EARLY LIGHT ENTERPRISES, LLC

Ref. Number: W12000063675

We have received your document for EARLY LIGHT ENTERPRISES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 27, 2012. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 312A00030517

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | Effective Date |
|--|--|
| Early Light Enterprises, LLC | |
| (Must end with the words "Limited Liabili | 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: |
| Angeline Manze 24 Buffalo Meadow Lane Palm Coast, FL 32137 ARTICLE III - Registered Agent, Registered | Same Office, & Registered Agent's Signature: |
| (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) | red Agent. You must designate an individual or another |
| The name and the Florida street address of the re | gistered agent are: |
| Angeline Manze | |
| Name | |
| 24 Buffalo Meadow Lane | |
| Florida street addr | ess (P.O. Box NOT acceptable) |
| Palm Coast 32137 | FL |
| City, Stat | e, and Zip |
| | ccept service of process for the above stated limited |

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)

(CONTINUED)

Page 1 of 2

SEGRETARY OF STATE STATE OF COMPORATIONS

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

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

| MGRM | Angeline Manze 24 Buffalo Meadow Lane |
|------------------------------|--|
| | Palm Coast, FL 32137 |
| | |
| | |
| | |
| | |
| | |
| | |
| Use attachment if necessary) | |

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.)

Angeline Manze
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)