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(Re	questor's Name)	
(Ad	dress)	
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Effective Date 2/20/3

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T. HAMPTON

COVER LETTER,

10.	Division of Corporations
SUBJE	The Illume Group, LLC
	Name of Limited Liability Company
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the following:
	Dawn E. Rahicki
-	Name of Person
	The Illume Group LLC
•	Firm/Company
	3830 Arelia Drive North
-	Address
	Delray Beach, FL 33445
-	City/State and Zip Code
	dawnrahicki@gmail.com
-	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Dawn E. Rahicki at (305) 794-3334
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Effective Date 2/20/13

T			
Group LLC			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
e principal office of the Limited Liability Comp	pany is		
Mailing Address:			
The Illume Group LLC			
3830 Arelia Drive North			
Delray Beach, FL 33445			
	e principal office of the Limited Liability Com Mailing Address: The Illume Group LLC 3830 Arelia Drive North		

Dawn E. R	ahicki
Nam	e
3830 Arelia	Drive North
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Delray Beach	_{FL} 33445
City, 9	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 Ágent's Signature (REQUIRED)

(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:

MGR	Dawn E. Rahicki
	3830 Arelia Drive North
	Delray Beach, FL 33445
	
	
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.)

Dawn E. Rahicki

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)