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C. LEW!S MAY 2 2 2013 EXAMINER (850) 245-6051

## COVER LETTER

TO:

Registration Section **Division of Corporations** 

Solar Light Management LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

## Randy Friedman Name of Person Solar Light Management LLC Firm/Company 13753 Eastpointe Way Palm Beach Gardens, FL 33418 City/State and Zip Code randygolf@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\Bigsilon\$\$130.00 Filing Fee & Certificate of Status

**4)**\$155.00 Filing Fee & 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 Taliahassee, 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Solar Light Management LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13753 Eastpointe Way	13753 Eastpointe Way
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418
	<del></del>
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	gistered agent are:
Randy Friedman	
Name	21 AV ASSEE, F
13753 Eastpointe Way	
Florida street addr	ess (P.O. Box NOT acceptable)  FL 33418
Palm Beach Gardens	FL 33418
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as reg	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

FILED

Name and Address:  MGR" = Manager MGRM" = Managing Member  MGR  Randy Friedman 13753 Eastpointe Way Palm Beach Gardens, FL 33418  MGR  Linda Webb 13753 Eastpointe Way Palm Beach Gardens, FL 33418  Use attachment if necessary)  Let V: Effective date, if other than the date of filing: May 15, 2013  (OPTION fective date is listed, the date must be specific and cannot be more than five busin	•	QEOMETARY OF
MGRM" = Managing Member  MGR  Randy Friedman  13753 Eastpointe Way  Palm Beach Gardens, FL 33418  MGR  Linda Webb  13753 Eastpointe Way  Palm Beach Gardens, FL 33418  Use attachment if necessary)  Let V: Effective date, if other than the date of filing: May 15, 2013  (OPTION fective date is listed, the date must be specific and cannot be more than five busin	<u>Γitle:</u>	
MGR    Sandy Friedman   13753 Eastpointe Way   Palm Beach Gardens, FL 33418	MGR" = Manager	
13753 Eastpointe Way Palm Beach Gardens, FL 33418  Linda Webb 13753 Eastpointe Way Palm Beach Gardens, FL 33418  Use attachment if necessary)  LE V: Effective date, if other than the date of filing: May 15, 2013 . (OPTION fective date is listed, the date must be specific and cannot be more than five busin	MGRM" = Managing Member	
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Signature of a namber or an authorized representative of a member	LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five busing.)
Signature of a member or an authorized representative of a member.	fective date is listed, the date or 90 days after the date of filing recoursed SIGNATURE:	must be specific and cannot be more than five busing.)
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.)	TEV: Effective date, if other that fective date is listed, the date or 90 days after the date of filing recovery signature of a constitutes an affirmation I am aware that any false	must be specific and cannot be more than five busing.)  hember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)