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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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UN 2 4 2013 C. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations	<u> </u>
SUBJECT: Invis-a-Beam, LLC	JUH 2
Name of Limited Liability Company	July 20 AM III: 11
The enclosed Articles of Organization and fee(s) are submitted for filing.	FLUMBA
Please return all correspondence concerning this matter to the following:	
Paul J. Weiner	
Name of Person	
Firm/Company	
2021 Timberline Drive	
Address	
Naples, Florida 34109	
City/State and Zip Code	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

paul@gulfcoastautobrokers.com

David E Leigh

Name of Person

Name of Person

Name of Person

at (239)

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

□\$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

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

ARTICLE I - Name:	
The name of the Limited Liability Co.	mpany is:
Invis-a-Beam LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ADTICLE II Address	The state of the s
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
The maning address and shoot address	
Principal Office Address:	Mailing Address:
2021 Timberline Drive	2021 Timberline Drive
Naples, Florida 34109	Naples, Florida 34109
The name and the Florida street addre	ss of the registered agent are: Name
	Nume
2021 Timberline Drive	
	da street address (P.O. Box <u>NOT</u> acceptable)
Naples, Florida 3	1 12
	City, State, and Zip
liability company at the place design registered agent and agree to act in all statutes relating to the proper and agree to act in all statutes relating to the proper and the proper are all statutes relating to the proper and the proper are all statutes relating to the proper and the proper are all statutes are	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of ad complete performance of my duties, and I am familiar with ition as registered agent as provided for in Chapter 608, F.S
Registered & o	gent's Signature (REQUIRED)
/ Registered Ag	en sorginary (mayorany)

Page 1 of 2

(CONTINUED)

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

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

"MGK"	= Manager		Name and Address:	
"MGRN	A" = Managi	ing Member		
MGR			Paul J. Weiner	
			2021 Timberline Drive	ن ش
			Naples, Florida 34109	1
				JUN 20
				<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
				F Unit

				·
(Use att	achment if r	iecessary)		
LE V:	Effective dat	e, if other than t	the date of filing:	
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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)