# L13000092486

(Re	questor's Name)	<u> </u>
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06/26/13--01007--022 \*\*125.00

Effective Date (0/24/13

13 JUN 26 AM 11: 59

SION OF CORPORATIONS

JUN 2 7 2013

T. HAMPTON

(850) 245-6051	١.
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#### **COVER LETTER**

TO: Re

Registration Section
Division of Corporations

SUBJECT:

## \_ighthouse/Columbus 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:

J. Kenneth Parrish	
Name of Person	
Lighthouse/Columbus LLC	
Firm/Company	
3418 West Mallory Blvd.	
Address	
Jupiter, FL 33458	
City/State and Zip Code	·
kenparrish@bellsouth.net	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

### J. Kenneth Parrish

∴561

622-9992

Name of Person

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

# Effective Date 6/24/13

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DELOCATION AND	
ARTICLE I - Name: The name of the Limited Liability C	Company is:
Lighthouse/Columbus LLC	
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	Saha mimainal affice of the Limited Lighility Company is
The mailing address and street addr	ress of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3418 W. Mallory Blvd.	3418 W. Mallory Bivd.
Jupiter, FL 33458	Jupiter, FL 33458
	, Registered Office, & Registered Agent's Signature: as its own Registered Agent. You must designate an individual or another tion.)
The name and the Florida street add	lress of the registered agent are:
J. Kenneth Parrish	
	Name
3418 W. Mallory Bl	vd.
FI	orida street address (P.O. Box NOT acceptable)

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..

City, State, and Zip

33458

Registered Agent's Signature (REQUIRED)

**Jupiter** 

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

Title:	Name and Address;
"MGR" = Manager	h
"MGRM" = Managing Men	moer
MGR	J. Kenneth Parrish
	3418 W. Mallory Blvd.
	Jupiter, FL 33458
MGRM	Kelly L. Parrish
	201 Fernandina Street
	Fort Pierce, FL 34949
(Use attachment if necessa	ry)
CLE V: Effective date, if oth	her than the date of filing: June 24, 2013 (OPTIONAL)
	date must be specific and cannot be more than five business
to or 90 days after the date	of filing.)
REQUIRED SIGNATUR	tE:
	///-/

(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.)

J. Kenneth Parrish

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)