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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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08/19/13--01052--004 **155.00

Effective Date 8/15/13

AUG 2 0 2013

T. HAMPTO!

(850) 245-6051. *

COVER LETTER

| TO: | Registration S Division of Co | | | |
|-----------------|----------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| SUBJE | CCT: | Alternative Name of Limit | Auto Lights ed Liability Company J | UC |
| The end | closed Articles of | f Organization and fee(s) are | submitted for filing. | |
| Please | return all corresp | ondence concerning this matt | er to the following: | |
| | <u>.</u> | Michael 1 | Kass Name of Person | |
| | A(| ternative A | Firm/Company | |
| | 2516 | N.E. 4th A | OC Address | |
| | | | FL 33064 y/State and Zip Code | |
| - | [N] K | E-mail address: (to be used to | for future annual report notification) | |
| For furt | ther information | concerning this matter, please | call: | |
| | Name | Koss of Person | at (<u>954</u>) <u>324 - 6</u> Area Code & Daytime Telepl | 259 none Number |
| Enclos | ed is a check for | or 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 Ci Tallahassee, FL 32301 | rcle |

Effective Date 8/15/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alternative Auto Lights (Must end with the words "Limited Liability | LLC. y Company, "L.L.C." or "LLC.") |
| ARTICLE II - Address: | ncipal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| Panpano Beach, FC 33064 | 2516 N.E. Hh ave Pompano Brach FL 33064 |
| 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 | • |
| Michael Koss Name | |
| Name | |
| 767 N.W. 415t of Florida street addr | |
| Derrfield Beach City, Stat | e, and Zip |
| Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete | ccept service of process for the above stated limite his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with histered agent as provided for in Chapter 608, F.S. |
| Medial Kor Registered Agent's Signatu | SECRE IAR SECRE IAR SECRE IAR Re (REQUIRED) |
| (CONTINU | JED) AHIII-4 |

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MGR | michael Koss |
| | |
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| LE V: Effective date, if other than the | ne date of filing: 8 15 13 (OPTION |
| LE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) | ne date of filing: 8 15 13 (OPTION st be specific and cannot be more than five busing |
| LE V: Effective date, if other than the offective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: | st be specific and cannot be more than five busi |
| LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information.) | per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. The mation submitted in a document to the Department of State and as provided for in s.817.155, F.S.) |
| or 90 days after the date of filing.) REQUIRED SIGNATURE: Meloel Signature of a memb (In accordance with section 60 constitutes an affirmation unde I am aware that any false information constitutes a third degree felon | per or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Michael Signature of a memb | Der or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.) |
| LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felonic | per or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) |