L140000032990

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone t	¥)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Name	<u>e)</u>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		:

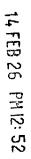
Office Use Only



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COVER LETTER

	60	· DR DD I · DR	
TO: Registration Division of	on Section Corporations		
SUBJECT:	ighthouse proj	perty Rontal Se	rvice 1/c
	V Name of Lin	nited Liability Company	
The enclosed Article	es of Organization and fee(s) an	re submitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
		Jiankui Tu	
		Name of Person	
,			
	<u> </u>	Firm/Company	
	17	•	reet
.	" <u>-</u> -" - '	Address	
	t.	Address BUBHASSEE TO 2 Keith St Address	TL 3231)
	C	ity/State and Zip Code	
	E wail addrage (to be use	d for future annual report notification	tion)
			mon
	ion concerning this matter, plea		
70	an kui Tu ori	Area Code Daytime Te	2975
N	ame of Person	Area Code Daytime Te	lephone Number
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	_/	□\$155.00 Filing Fee &	□\$160.00 Filing Fee、
→ \$125,00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	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 Company is:	
Lighthouse Property Rome (Must end with the words "Limite	tal Service 11c
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1762 Keith Street TOWAHASS TO TE 3240	
TOUAHASS TO FL 32510	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tiankui Ju

Name

1702 Keith Stract

Florida street address (P.O. Box NOT acceptable)

Thubusse FL 32310

City 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 605, F.S.

Registered Agent's Signature (REOURED)

(CONTINUED)

Page 1 of 2

14 FEB 26 PM 12: 52

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1.0
	Jianfui 14
	1702 Keith Strut
AMBR	Jiantui Y4 1702 Keith Strut TRUBHOSSEE FL 32310
A (40)	Dongmei Gas
<u>AMBK</u>	Joseph Change
	1702 Feith Street
	TOUGHASGE FL 32316
	
(Use attachment if necessary)	
TIE V. Effective data if other than the	data of Sline: (OPTIONAL)
effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
e of filing.)	
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	nAefu

Filing Fees:

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.)

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

