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JUL - 1 2014

T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: PILING LIGHT 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: THOMAS FRENCH Name of Person
PILING LIGHT LLC
Firm/Company
4760 MARSHFIELD RD. Address
SARASOTA FL 34235 City/State and Zip Code TFRENCH CONNECTOR Q VERIZON. NET E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS FRENCH at (941) 504-9087 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status
Mailing Address Street/Courier Address

Registration Section

Clifton Building

Division of Corporations

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:
PILING LIGHT LL C (Must end with the words "Limited 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:
4760 MARSHFIELD RD. 4760 MARSHFIELD RD. SARASOTA FL 34235
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:
THOMAS FRENCH
Name
THOMAS FRENCH. Name 4760 MARSHFIELD RD-
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34235 City Zip
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 withland accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Registered Agent's Signature (REQUIRED)
For F
(CONTINUED)
(CONTINUED) Page 1 of 2 (CONTINUED) Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
AMBR" = Authorized Member	THOMAS FRENCH 4760 MARSH FIELD RD SARASOTA FL 39235
<u> </u>	
Use attachment if necessary)	
ctive date is listed, the date must be filling.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to o
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ctive date is listed, the date must be filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u 1 am aware that any false in	member or an authorized representative of a member. of 605.0203 (1) (b), Florida Statutes, the execution of this docume ander the penalties of perjury that the facts stated herein are true.
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