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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Division of C	n Section Corporations		
SUBJE	CT: <u>LUCO</u>	LLC Name of Lir	nited Liability Company	
The end	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please i	return all corre	spondence concerning this m	atter to the following:	
	<u>Linda Ye</u>	erger	Name of Person	
	<u>YERGE!</u>	R/TYLER PA		
			Firm/Company	
	<u>1570 Sh</u>	adowlawn Dr.	Address	
	<u>Naples, l</u>	Fl. 34104		
<u>lky</u>	verger@emba		City/State and Zip Code d for future annual report notific	ation)
For furt	her informatio	on concerning this matter, plea		
<u>Linda '</u>	Yerger Nar	at (at	239) 732-5555 Area Code Daytime Te	elephone Number
Enclose	ed is a check fo	or the following amount:	·	•
	0 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)
	<u>Ma</u>	iling Address	Street/Courier Add	ress

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LUCO LLC		_
(Must end with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is	:
Principal Office Address:	Mailing Address:	
1570 Shadowlawn Dr. Naples, Fl. 34104	1570 Shadowlawn Dr. Naples, Fl. 34104	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida region of the regio	its own Registered Agent. You must designate a sistration.)	n individual or
Linda Yerger		
	Name	AE SE
1570 Shadowlawn Dr.		AS SE
	.O. Box <u>NOT</u> acceptable)	
Naples	FL 34104	SSE G
City	Zip	
capacity. I further agree to comply with the pro of my duties, and I am familiar with and accep	except service of process for the above stated limite by accept the appointment as registered agent and existions of all statutes relating to the proper and continuous the obligations of my position as registered agent Chapter 605, F.S	l agresso act in this ontplete performance
(CO	NTINUED)	

Page 1 of 2

`itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Charles Bergstrom
	c/o 1570 Shadowlawn Dr.
	Naples, FL. 34104
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V: Effective date, if other than the date tive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any.	of filing:
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor	ecific and cannot be more than five business days prior to or 9
Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor	ecific and cannot be more than five business days prior to or 9 ember or an authorized representative of a member. 15.0203 (1) (b). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, remation submitted in a document to the Department of State
V: Effective date, if other than the date tive date is listed, the date must be sp filing.) VI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felor	ecific and cannot be more than five business days prior to or 9 mber or an authorized representative of a member. 15.0203 (1) (b), 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 my as provided for in s.817.155, F.S.)

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