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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

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VISION OF CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.

Lucas Krillies Industries LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SEP 19 2014 LHARRIS

H14000219432

	Lucas Krill	ies Industries LLC
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address a		rincipal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
1516 W. Lemon S		1516 W. Lemon Street
Tampa, FL 33606		Tampa, FL 33606
		1 Office, & Registered Agent's Signature:
(The Limited Liability another business entit	Company cannot serve a y with an active Florida ratios afthe ratios of the ratios of	i Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an indi- egistration.)
(The Limited Liability another business entit	Company cannot serve a y with an active Florida n	t Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an indi- egistration.) registered agent are:
(The Limited Liability another business entit	Company cannot serve a y with an active Florida rerida street address of the relucas Krillies	i Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an indiegistration.) registered agent are: Name
(The Limited Liability another business entit	Company cannot serve a y with an active Florida rerida street address of the relacas Krillies 1516 W. Lemon S	i Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an indi- egistration.) registered agent are: Name
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wing 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 (REQUIRED)

Lucas Krillies

(CONTINUED)

Page 1 of 2

H14000219432

"AMBR" = Authorized Member "MGR" = Manager AMBR Lucas Krillies 1516 W. Lemon Street Tampa. FL 33606	Authorized Member Manager E Manager Lucas Krillies 1516 W. Lemon Street Tampa, FL 33606 achment if necessary) According to the date of filing: Lucas Krillies (OPTIONAL) Lucas Krillies (OPTIONAL)	Title:	None and Address.		
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